

# Biennial Budget Request 2011-2013



Wisconsin  
Department of Health Services

September 15, 2010

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State of Wisconsin  
Department of Health Services

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Jim Doyle, Governor  
Karen E. Timberlake, Secretary

September 15, 2010

Daniel J. Schooff, Secretary  
Department of Administration  
101 E. Wilson Street  
Madison WI 53703

Dear Secretary Schooff:

I am pleased to submit to you the 2011-13 biennial budget request for the Department of Health Services. In accordance with Department of Administration instructions, GPR increases in the request are limited to standard budget adjustments and cost to continue re-estimates for the Department's caseload-driven assistance programs and operations at our seven direct care facilities.

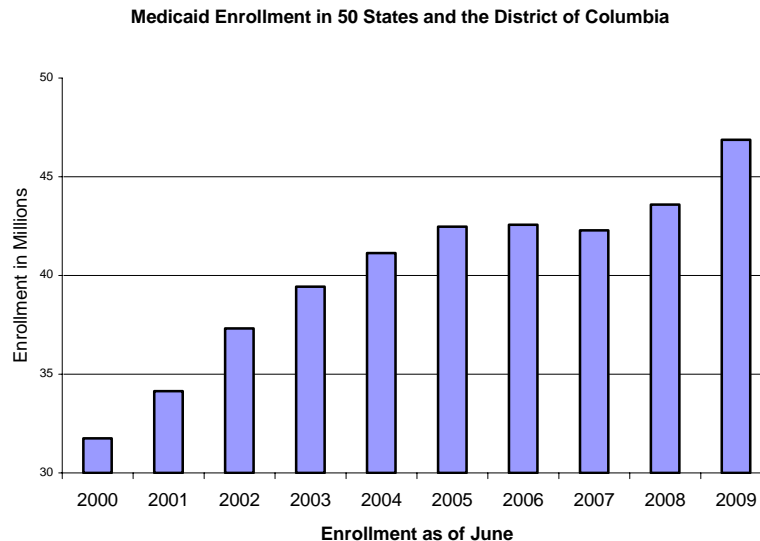
Much in the state has changed since the Department's last budget request two years ago. The nation and our state have undergone the most painful economic downturn since the Great Depression, from which we are slowly emerging. At the same time, the President and Congress have enacted national health care reform. Here in Wisconsin, we have ensured that 98% of all Wisconsin residents have access to affordable health care. This budget request is shaped by the ongoing effects of the severe recession as well as the opportunities presented by national health care reform and health care improvements within our own state.

As always, the largest portion of the Department's budget submission relates to the Medicaid and BadgerCare Plus programs. As discussed below, the budget request addresses the standard cost to continue re-estimate of these programs and continues to build on our recent efforts to improve the efficiency and cost effectiveness of these programs.

*Medicaid Enrollment Growth: A 50 State Challenge*

Like every other state, enrollments in Wisconsin's Medicaid and BadgerCare Plus programs are at an all time high, driven by the weak economy and high unemployment. Enrollment in these programs rose by 12% in FY 09 and 13.7% in FY 10. Wisconsin citizens who never envisioned needing Medicaid found themselves with no other options when they lost their jobs and their employer sponsored health insurance.

Medicaid programs in every state, in every region of the country, are facing record enrollment levels. According to the Kaiser Family Foundation, 44 states and the District of Columbia reported that, midway through FY 10, program enrollment and spending trends were above the levels projected only months previously at the beginning of the year.



Thanks to BadgerCare Plus and a stronger than average rate of employer sponsored health insurance, Wisconsin is a national leader in health coverage, with 98% of all residents having access to some form of health insurance coverage. BadgerCare Plus has kept thousands of Wisconsin families out of foreclosure and bankruptcy by providing health care coverage, helping them maintain their health as they get back on their feet financially. In addition, BadgerCare Plus has greatly mitigated the need for Wisconsin's health care sector to cover millions of dollars of losses in uncompensated care, thereby protecting vital jobs in an important sector of the state's economy. A recent news article reported that health systems in the Milwaukee area have had to increase their charity care expenditures only slightly during the recession, despite the increased need.

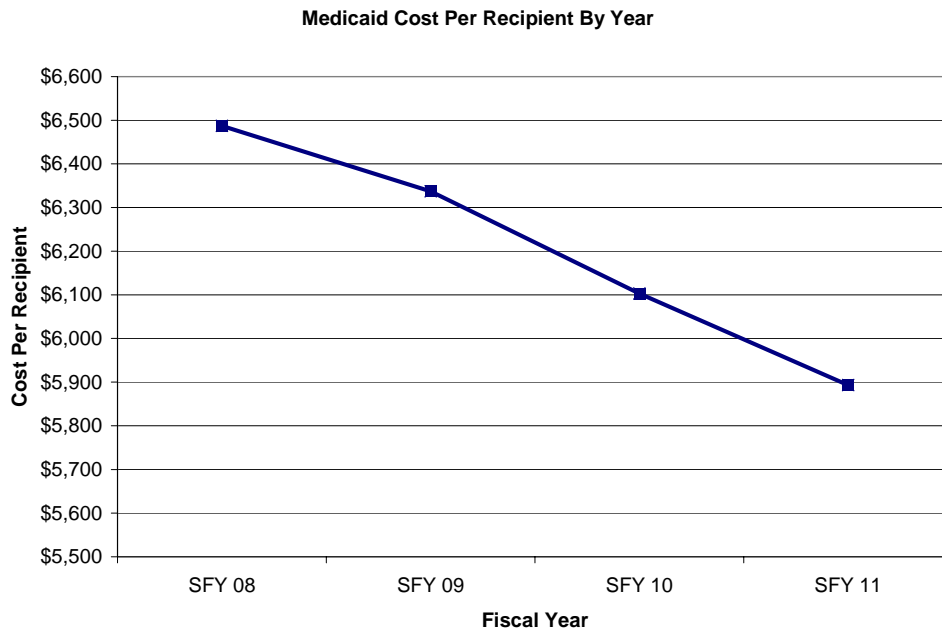
Programs such as Medicaid and BadgerCare Plus are designed to be a safety net for the state during tough economic times. Health care costs continue to be one of the leading causes of individual bankruptcy in our country. Without these programs, the impact of the Great Recession on hard working individuals and families, on our state's economy, on the health care industry and on the health care workforce would have been much worse. Wisconsin must maintain its commitment to the children and hard working adults of Wisconsin who depend on BadgerCare Plus, and to the seniors and people with disabilities who rely on SeniorCare and Medicaid for their most basic health care and long term care needs.

According to nationally accepted projections, the recent, rapid expansion in Medicaid enrollment growth will subside in FY 11. The Department's budget request similarly assumes enrollment will slow and then reverse by FY 13, as the economic recovery takes hold in the state. This is consistent with the Department of Revenue's projection that unemployment will drop to 6.3% by FY 13.

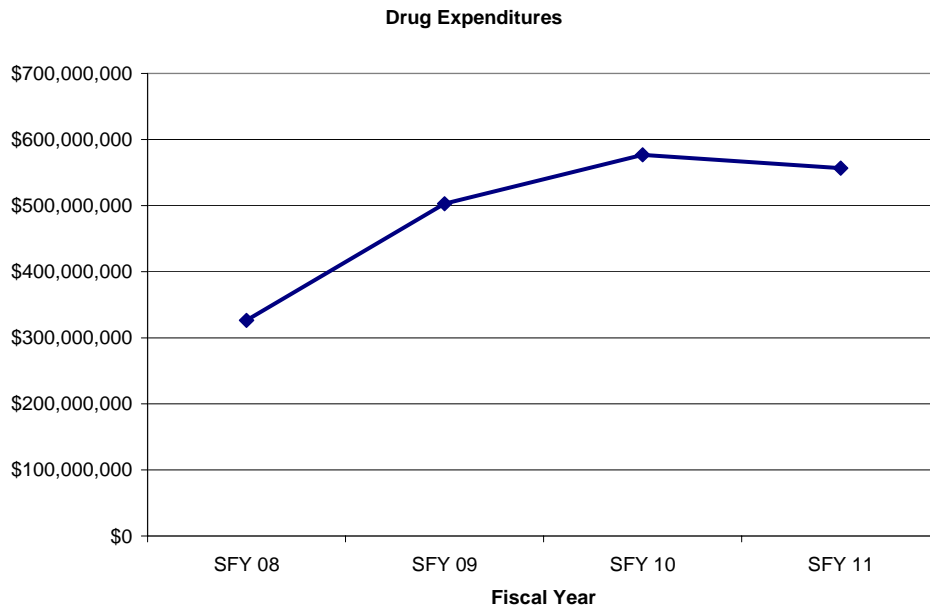
#### *Wisconsin Has Realized Substantial Efficiencies in the Medicaid Program*

While expanding access to affordable health care to Wisconsin residents through BadgerCare Plus, we have also made significant changes to how the program purchases health care services. It is important to note that, despite the recession-driven enrollment growth, Wisconsin's Medicaid and BadgerCare Plus programs are actually becoming more cost-effective in

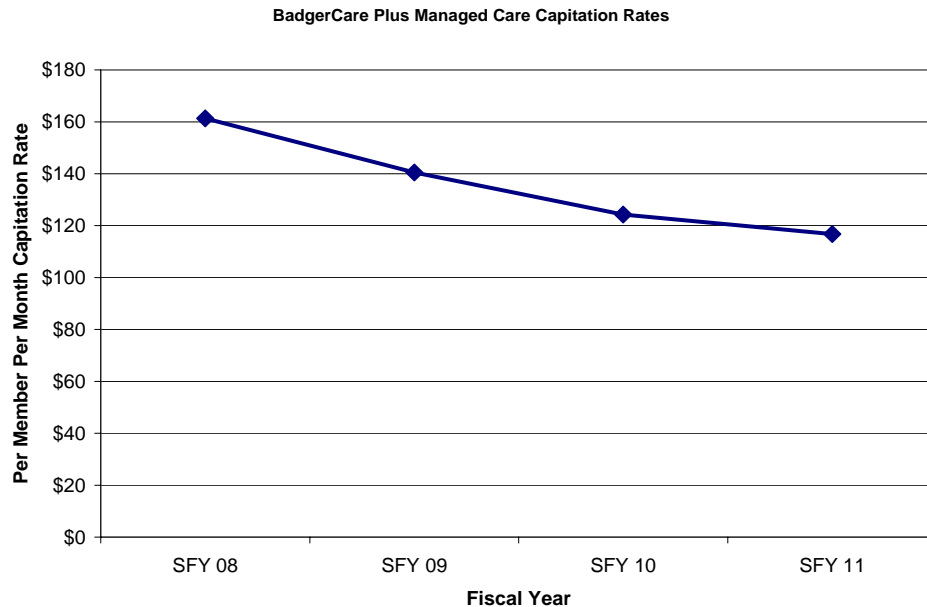
purchasing and delivering health care. On a per person basis, Medicaid costs will decline from FY 08 to FY 11 by 9%, at a time when overall health care inflation grew by 9.7%. This trend is due in a large part to recent efforts by the Department to drive down costs in the Medicaid program.



In addition to this positive trend, we have also seen two of our largest expenditure categories, drugs and managed care rates, reduced as well. We have successfully reduced the long-term trend of double digit growth in drug expenditures by implementing several reform efforts, including establishing quantity limits for specific drug classes and adopting strategies to ensure that Wisconsin's Medicaid program pays the lowest possible price for generic medications.



We have also seen a slower growth of managed care rates by implementing new BadgerCare Plus HMO contracts in the Southeast region of the state through a competitive bid process. Because more than one in three BadgerCare Plus members resides in the six southeastern Wisconsin counties of Racine, Kenosha, Milwaukee, Waukesha, Walworth, Washington, and Ozaukee, this change in the Department's approach to contracting has significantly reduced the average expenditure in the entire BadgerCare Plus program.



Note: Drugs Carved Out and Kick Payment added in Jan 2009

This slowing of expenditures would not have been possible without the major steps forward taken in the past two years in reforming the Medicaid program and moving the state toward being a far more cost-effective purchaser of health care services.

These changes, and many others, were implemented as a result of the Department's systematic review of expenditures across the Medicaid program during the 2009-11 biennium. In this budget request for the 2011-13 biennium, the Department proposes to realize further efficiencies in the Medicaid program by continuing its comprehensive review of Medicaid program expenditures, in cooperation with a broad, diverse group of providers, consumers, and advocates.

In light of the extreme pressures facing the state in the 2009-11 biennium during the depths of the recession, the Medicaid program was asked to reduce expenditures by more than \$600 million All Funds over the biennium. Wisconsin could have chosen the path selected by many states, for example, to slash provider rates across-the-board by 5% or more.

Instead the state decided to pursue a more thoughtful and effective approach. The Legislature, at Governor Doyle's request, granted the Department discretion to work with providers, advocates, national experts and University of Wisconsin researchers throughout the 2009-11 biennium to develop a comprehensive plan that both saved hundreds of millions of dollars and will actually improve health outcomes and overall program efficiency. This one-of-a-kind approach to

finding budget savings is known as the Medicaid Rate Reform Project and has received significant national attention as a model for other states during difficult economic times.

Medicaid Rate Reform was a multi-month process that engaged almost 200 different individuals and organizations representing virtually all Medicaid stakeholders, and included a stakeholder survey tool that was sent to over 30,000 interested parties from every corner of the state. A process with this type and scale of public input had never been tried in Wisconsin Medicaid history before Rate Reform.

The goal of this process was to develop a consensus plan for how to save more than \$600 million over the 2009-11 biennium but do it in a way that was consistent with a set of guiding principles. These principles were:

- Identify savings to reach targeted reduction levels
- Look for both short-term solutions and long-term systemic changes
- Ensure that no one provider group is singled out for rate reductions
- Ensure access to care for Medicaid patients
- Align payments with value rather than volume
- Build on previous Medicaid quality improvement efforts including managed care pay for performance initiatives
- Implement care management/coordination strategies
- Focus on high-intensity services

Through this process over 500 ideas were generated, resulting in 71 distinct ideas that will meet the required savings target in the 2009-11 biennium while staying true to the projects guiding principles.

DHS has not stopped looking for efficiencies and ways to save costs in Medicaid. On January 26, 2010, the Department launched Medicaid Rate Reform 2.0 to identify further efforts to lower costs and make the program more efficient. This process generated 230 additional ideas, 36 of which are now in the process of being implemented.

#### *Continuing Rate Reform*

We propose in this budget request to launch Rate Reform 3.0 as soon as possible to begin the process of identifying additional savings ideas that could be used to help address the budget challenges facing the state in 2011-13. DHS is confident that, continuing to work with providers and other stakeholders, additional creative ideas can be found that will improve efficiency, enhance revenues, and improve care outcomes. The Rate Reform analysis should continue to encompass the entire Medicaid program, including Family Care, as long term care services including Family Care now comprise 45% of total Medicaid expenses.

*Federal Medicaid Funding*

In 2009, Congress increased the federal portion of Medicaid funding from roughly 60% to 70% for two and a half years through December 2010. Recently Congress authorized an average 67% federal Medicaid share effective January 2011 through June 2011. The increased federal funding is intended to help states with recession-driven Medicaid enrollment growth and, just as importantly, to help stabilize overall state budgets as tax revenues shrank during the weak economy. This additional funding reduces the GPR needed for the Medicaid program, thereby helping to avoid catastrophic cuts in funding to local schools, the University of Wisconsin and technical college systems, public safety, local governments and other vital programs.

As noted above, all states have seen significant growth in their Medicaid programs during the recession. One in six people in the United States now receives health or long term care services through Medicaid. While the pace of new enrollment has already started to moderate and is expected to stabilize in the coming biennium, it will take time for all states, including Wisconsin, to see Medicaid enrollment return to pre-recession levels.

Beginning in 2014, the Patient Protection and Affordable Care Act assumes that an additional 13 million low income Americans will get their health care through state Medicaid programs, with significant additional federal financial support. The Department estimates that Wisconsin will realize between \$745 million and \$980 million in additional federal financial support for the Medicaid program from 2014 to 2019, or an average of \$124 million to \$163 million annually.

Due to these factors, it appears likely that Congress will decide to take further steps to help preserve eligibility and benefits for existing populations and keep Medicaid programs strong heading into implementation of national health care reform in 2014. This request anticipates that Congress will work cooperatively with states to provide support in the coming biennium.

Through Governor Doyle's leadership, the state has become a national model for expanding access to health care services while adopting more cost effective health care purchasing strategies. With this budget submission, I am confident that the state will continue to have a strong health care and long term care system in the years to come.

Sincerely,



Karen E. Timberlake  
Secretary

## B-7 -- Department of Health Services

FIRST YEAR				SECOND YEAR			
	Expenditure Items	Adjusted Base Year	Changes to Base	TOTAL BUDGET	Adjusted Base Year	Changes to Base	TOTAL BUDGET
1	Permanent Position Salaries	\$273,201,900	\$14,811,600	\$288,013,500	\$273,201,900	\$14,431,400	\$287,633,300
2	Turnover	\$0	(\$2,087,900)	(\$2,087,900)	\$0	(\$2,087,900)	(\$2,087,900)
3	Project Position Salaries	\$197,100	\$545,600	\$742,700	\$197,100	(\$192,700)	\$4,400
4	LTE/Misc. Salaries	\$3,165,400	\$18,200	\$3,183,600	\$3,165,400	\$20,000	\$3,185,400
5	Fringe Benefits	\$126,345,900	\$21,613,400	\$147,959,300	\$126,345,900	\$21,005,400	\$147,351,300
6	Supplies and Services	\$206,790,100	\$66,040,500	\$272,830,600	\$206,790,100	\$63,690,400	\$270,480,500
7	Permanent Property	\$3,882,600	\$0	\$3,882,600	\$3,882,600	\$0	\$3,882,600
8	Unalloted Reserve	\$0	\$0	\$0	\$0	\$0	\$0
9	Aids to Individuals & Organizations	\$7,069,934,600	\$943,338,800	\$8,013,273,400	\$7,069,934,600	\$1,216,101,500	\$8,286,036,100
10	Local Assistance	\$385,427,500	\$26,576,700	\$412,004,200	\$385,427,500	\$55,120,100	\$440,547,600
11	One-time Financing	\$537,000	(\$263,000)	\$274,000	\$537,000	(\$537,000)	\$0
12	Debt service	\$14,240,500	\$0	\$14,240,500	\$14,240,500	\$0	\$14,240,500
13	Food 3000	\$3,772,300	(\$408,600)	\$3,363,700	\$3,772,300	(\$317,600)	\$3,454,700
14	Variable Non-Food 3000	\$22,414,500	(\$1,526,000)	\$20,888,500	\$22,414,500	\$522,000	\$22,936,500
15	Internal data processing 3000	\$11,163,300	(\$397,500)	\$10,765,800	\$11,163,300	(\$336,300)	\$10,827,000
16	Rent (leased and state-owned) 3000	\$7,962,900	\$193,800	\$8,156,700	\$7,962,900	\$213,700	\$8,176,600
17	TOTAL COSTS	\$8,129,035,600	\$1,068,455,600	\$9,197,491,200	\$8,129,035,600	\$1,367,633,000	\$9,496,668,600
18	Project Positions Authorized	25.00	(17.50)	7.50	25.00	(25.00)	0.00
19	Classified Positions Authorized	5,540.71	109.41	5,650.12	5,540.71	107.65	5,648.36
20	Unclassified Positions Authorized	9.00	0.00	9.00	9.00	0.00	9.00



## B-7 -- Department of Health Services (cont'd)

ANNUAL SUMMARY							BIENNIAL SUMMARY			
SOURCE OF FUNDS	PRIOR YEAR ACTUAL	ADJUSTED BASE YEAR	1ST YEAR	2ND YEAR	1ST YEAR FTE	2ND YEAR FTE	BASE YEAR DOUBLED (BYD)	BIENNIAL REQUEST	CHANGE FROM BYD (\$)	CHANGE FROM BYD (%)
GPR	\$1,942,022,794	\$2,132,224,600	\$267,758,700	\$406,861,900	124.70	124.70	\$4,264,449,200	\$4,939,069,800	\$674,620,600	15.82%
A	\$1,437,099,426	\$1,555,791,900	\$223,691,100	\$335,872,300	0.00	0.00	\$3,111,583,800	\$3,671,147,200	\$559,563,400	17.98%
L	\$270,559,080	\$324,336,800	(\$4,607,800)	\$21,545,700	0.00	0.00	\$648,673,600	\$665,611,500	\$16,937,900	2.61%
S	\$234,364,288	\$252,095,900	\$48,675,400	\$49,443,900	124.70	124.70	\$504,191,800	\$602,311,100	\$98,119,300	19.46%
PR	\$489,895,182	\$522,139,900	\$30,097,400	\$56,329,100	(16.47)	(18.23)	\$1,044,279,800	\$1,130,706,300	\$86,426,500	8.28%
A	\$218,389,679	\$225,889,700	\$21,197,300	\$46,421,300	0.00	0.00	\$451,779,400	\$519,398,000	\$67,618,600	14.97%
L	\$2,827,275	\$4,301,800	\$976,000	\$976,000	0.00	0.00	\$8,603,600	\$10,555,600	\$1,952,000	22.69%
S	\$268,678,228	\$291,948,400	\$7,924,100	\$8,931,800	(16.47)	(18.23)	\$583,896,800	\$600,752,700	\$16,855,900	2.89%
SEG	\$635,410,382	\$864,930,400	\$59,089,700	\$64,858,400	0.00	0.00	\$1,729,860,800	\$1,853,808,900	\$123,948,100	7.17%
A	\$635,098,699	\$864,618,200	\$59,070,100	\$64,838,800	0.00	0.00	\$1,729,236,400	\$1,853,145,300	\$123,908,900	7.17%
S	\$311,683	\$312,200	\$19,600	\$19,600	0.00	0.00	\$624,400	\$663,600	\$39,200	6.28%
<b>Total - Non-Federal</b>										
A	\$2,290,587,804	\$2,646,299,800	\$303,958,500	\$447,132,400	0.00	0.00	\$5,292,599,600	\$6,043,690,500	\$751,090,900	14.19%
L	\$273,386,355	\$328,638,600	(\$3,631,800)	\$22,521,700	0.00	0.00	\$657,277,200	\$676,167,100	\$18,889,900	2.87%
S	\$503,354,199	\$544,356,500	\$56,619,100	\$58,395,300	108.23	106.47	\$1,088,713,000	\$1,203,727,400	\$115,014,400	10.56%
PR - F	\$6,148,688,130	\$4,609,740,700	\$711,509,800	\$839,583,600	(16.32)	(23.82)	\$9,219,481,400	\$10,770,574,800	\$1,551,093,400	16.82%
A	\$5,813,238,728	\$4,310,823,000	\$658,720,900	\$789,455,800	0.00	0.00	\$8,621,646,000	\$10,069,822,700	\$1,448,176,700	16.80%
L	\$122,630,468	\$119,234,300	\$1,301,600	\$1,216,400	0.00	0.00	\$238,468,600	\$240,986,600	\$2,518,000	1.06%
S	\$212,818,934	\$179,683,400	\$51,487,300	\$48,911,400	(16.32)	(23.82)	\$359,366,800	\$459,765,500	\$100,398,700	27.94%
<b>Total - Federal</b>										
A	\$5,813,238,728	\$4,310,823,000	\$658,720,900	\$789,455,800	0.00	0.00	\$8,621,646,000	\$10,069,822,700	\$1,448,176,700	16.80%
L	\$122,630,468	\$119,234,300	\$1,301,600	\$1,216,400	0.00	0.00	\$238,468,600	\$240,986,600	\$2,518,000	1.06%
S	\$212,818,934	\$179,683,400	\$51,487,300	\$48,911,400	(16.32)	(23.82)	\$359,366,800	\$459,765,500	\$100,398,700	27.94%
GPR	\$1,942,022,794	\$2,132,224,600	\$267,758,700	\$406,861,900	124.70	124.70	\$4,264,449,200	\$4,939,069,800	\$674,620,600	15.82%
A	\$1,437,099,426	\$1,555,791,900	\$223,691,100	\$335,872,300	0.00	0.00	\$3,111,583,800	\$3,671,147,200	\$559,563,400	17.98%
L	\$270,559,080	\$324,336,800	(\$4,607,800)	\$21,545,700	0.00	0.00	\$648,673,600	\$665,611,500	\$16,937,900	2.61%
S	\$234,364,288	\$252,095,900	\$48,675,400	\$49,443,900	124.70	124.70	\$504,191,800	\$602,311,100	\$98,119,300	19.46%
PR	\$6,638,583,312	\$5,131,880,600	\$741,607,200	\$895,912,700	(32.79)	(42.05)	\$10,263,761,200	\$11,901,281,100	\$1,637,519,900	15.95%
A	\$6,031,628,407	\$4,536,712,700	\$679,918,200	\$835,877,100	0.00	0.00	\$9,073,425,400	\$10,589,220,700	\$1,515,795,300	16.71%
L	\$125,457,743	\$123,536,100	\$2,277,600	\$2,192,400	0.00	0.00	\$247,072,200	\$251,542,200	\$4,470,000	1.81%
S	\$481,497,162	\$471,631,800	\$59,411,400	\$57,843,200	(32.79)	(42.05)	\$943,263,600	\$1,060,518,200	\$117,254,600	12.43%
SEG	\$635,410,382	\$864,930,400	\$59,089,700	\$64,858,400	0.00	0.00	\$1,729,860,800	\$1,853,808,900	\$123,948,100	7.17%
A	\$635,098,699	\$864,618,200	\$59,070,100	\$64,838,800	0.00	0.00	\$1,729,236,400	\$1,853,145,300	\$123,908,900	7.17%
S	\$311,683	\$312,200	\$19,600	\$19,600	0.00	0.00	\$624,400	\$663,600	\$39,200	6.28%
<b>Total</b>										
A	\$8,103,826,532	\$6,957,122,800	\$962,679,400	\$1,236,588,200	0.00	0.00	\$13,914,245,600	\$16,113,513,200	\$2,199,267,600	15.81%
L	\$396,016,823	\$447,872,900	(\$2,330,200)	\$23,738,100	0.00	0.00	\$895,745,800	\$917,153,700	\$21,407,900	2.39%
S	\$716,173,133	\$724,039,900	\$108,106,400	\$107,306,700	91.91	82.65	\$1,448,079,800	\$1,663,492,900	\$215,413,100	14.88%
<b>Grand Total</b>	\$9,216,016,488	\$8,129,035,600	\$1,068,455,600	\$1,367,633,000	91.91	82.65	\$16,258,071,200	\$18,694,159,800	\$2,436,088,600	14.98%
Gen. Purpose Rev.-Earned	\$40,479,000	\$24,554,000	\$32,404,000	\$40,904,000	0.00	0.00	\$49,108,000	\$73,308,000	\$24,200,000	49.28%
Program Revenues	(\$38,595,396)	(\$26,395,300)	(\$10,612,900)	\$7,276,600	0.00	0.00	\$-52,790,600	(\$56,126,900)	(\$3,336,300)	6.32%

## B-7 -- Division of Public Health

FIRST YEAR				SECOND YEAR			
	Expenditure Items	Adjusted Base Year	Changes to Base	TOTAL BUDGET	Adjusted Base Year	Changes to Base	TOTAL BUDGET
1	Permanent Position Salaries	\$22,662,400	\$186,400	\$22,848,800	\$22,662,400	\$291,500	\$22,953,900
2	Turnover	\$0	(\$414,100)	(\$414,100)	\$0	(\$414,100)	(\$414,100)
3	Project Position Salaries	\$0	\$525,100	\$525,100	\$0	\$4,200	\$4,200
4	LTE/Misc. Salaries	\$159,400	\$0	\$159,400	\$159,400	\$0	\$159,400
5	Fringe Benefits	\$10,494,400	\$1,496,200	\$11,990,600	\$10,494,400	\$1,283,400	\$11,777,800
6	Supplies and Services	\$22,210,100	\$3,445,800	\$25,655,900	\$22,210,100	\$4,608,300	\$26,818,400
7	Permanent Property	\$35,000	\$0	\$35,000	\$35,000	\$0	\$35,000
8	Unalloted Reserve	\$0	\$0	\$0	\$0	\$0	\$0
9	Aids to Individuals & Organizations	\$187,675,900	\$22,594,500	\$210,270,400	\$187,675,900	\$22,690,200	\$210,366,100
10	Local Assistance	\$2,810,400	\$0	\$2,810,400	\$2,810,400	\$0	\$2,810,400
11	One-time Financing	\$0	\$0	\$0	\$0	\$0	\$0
12	Debt service	\$0	\$0	\$0	\$0	\$0	\$0
13	Food 3000	\$0	\$0	\$0	\$0	\$0	\$0
14	Variable Non-Food 3000	\$92,500	\$0	\$92,500	\$92,500	\$0	\$92,500
15	Internal data processing 3000	\$1,330,700	(\$57,500)	\$1,273,200	\$1,330,700	(\$52,600)	\$1,278,100
16	Rent (leased and state-owned) 3000	\$1,801,000	\$17,400	\$1,818,400	\$1,801,000	\$26,900	\$1,827,900
17	TOTAL COSTS	\$249,271,800	\$27,793,800	\$277,065,600	\$249,271,800	\$28,437,800	\$277,709,600
18	Project Positions Authorized	15.00	(8.00)	7.00	15.00	(15.00)	0.00
19	Classified Positions Authorized	395.59	0.75	396.34	395.59	0.75	396.34
20	Unclassified Positions Authorized	1.00	0.00	1.00	1.00	0.00	1.00

## B-7 -- Division of Public Health (cont'd)

ANNUAL SUMMARY							BIENNIAL SUMMARY			
SOURCE OF FUNDS	PRIOR YEAR ACTUAL	ADJUSTED BASE YEAR	1ST YEAR	2ND YEAR	1ST YEAR FTE	2ND YEAR FTE	BASE YEAR DOUBLED (BYD)	BIENNIAL REQUEST	CHANGE FROM BYD (\$)	CHANGE FROM BYD (%)
GPR	\$31,953,040	\$37,879,100	\$645,800	\$645,800	2.50	2.50	\$75,758,200	\$77,049,800	\$1,291,600	1.70%
A	\$27,348,873	\$33,264,300	\$47,700	\$47,700	0.00	0.00	\$66,528,600	\$66,624,000	\$95,400	0.14%
L	\$371,361	\$648,200	\$0	\$0	0.00	0.00	\$1,296,400	\$1,296,400	\$0	0%
S	\$4,232,806	\$3,966,600	\$598,100	\$598,100	2.50	2.50	\$7,933,200	\$9,129,400	\$1,196,200	15.08%
PR	\$21,805,717	\$30,265,100	\$11,001,500	\$11,082,800	(4.75)	(4.75)	\$60,530,200	\$82,614,500	\$22,084,300	36.48%
A	\$2,517,795	\$4,279,600	\$107,300	\$221,000	0.00	0.00	\$8,559,200	\$8,887,500	\$328,300	3.84%
S	\$19,287,922	\$25,985,500	\$10,894,200	\$10,861,800	(4.75)	(4.75)	\$51,971,000	\$73,727,000	\$21,756,000	41.86%
SEG	\$311,683	\$312,200	\$19,600	\$19,600	0.00	0.00	\$624,400	\$663,600	\$39,200	6.28%
S	\$311,683	\$312,200	\$19,600	\$19,600	0.00	0.00	\$624,400	\$663,600	\$39,200	6.28%
<b>Total - Non-Federal</b>										
A	\$29,866,668	\$37,543,900	\$155,000	\$268,700	0.00	0.00	\$75,087,800	\$75,511,500	\$423,700	0.56%
L	\$371,361	\$648,200	\$0	\$0	0.00	0.00	\$1,296,400	\$1,296,400	\$0	0%
S	\$23,832,411	\$30,264,300	\$11,511,900	\$11,479,500	(2.25)	(2.25)	\$60,528,600	\$83,520,000	\$22,991,400	37.98%
PR - F	\$160,230,070	\$180,815,400	\$16,126,900	\$16,689,600	(5.00)	(12.00)	\$361,630,800	\$394,447,300	\$32,816,500	9.07%
A	\$122,878,090	\$147,910,800	\$12,431,300	\$12,413,300	0.00	0.00	\$295,821,600	\$320,666,200	\$24,844,600	8.40%
S	\$37,351,980	\$32,904,600	\$3,695,600	\$4,276,300	(5.00)	(12.00)	\$65,809,200	\$73,781,100	\$7,971,900	12.11%
<b>Total - Federal</b>										
A	\$122,878,090	\$147,910,800	\$12,431,300	\$12,413,300	0.00	0.00	\$295,821,600	\$320,666,200	\$24,844,600	8.40%
L	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
S	\$37,351,980	\$32,904,600	\$3,695,600	\$4,276,300	(5.00)	(12.00)	\$65,809,200	\$73,781,100	\$7,971,900	12.11%
GPR	\$31,953,040	\$37,879,100	\$645,800	\$645,800	2.50	2.50	\$75,758,200	\$77,049,800	\$1,291,600	1.70%
A	\$27,348,873	\$33,264,300	\$47,700	\$47,700	0.00	0.00	\$66,528,600	\$66,624,000	\$95,400	0.14%
L	\$371,361	\$648,200	\$0	\$0	0.00	0.00	\$1,296,400	\$1,296,400	\$0	0%
S	\$4,232,806	\$3,966,600	\$598,100	\$598,100	2.50	2.50	\$7,933,200	\$9,129,400	\$1,196,200	15.08%
PR	\$182,035,787	\$211,080,500	\$27,128,400	\$27,772,400	(9.75)	(16.75)	\$422,161,000	\$477,061,800	\$54,900,800	13%
A	\$125,395,885	\$152,190,400	\$12,538,600	\$12,634,300	0.00	0.00	\$304,380,800	\$329,553,700	\$25,172,900	8.27%
S	\$56,639,902	\$58,890,100	\$14,589,800	\$15,138,100	(9.75)	(16.75)	\$117,780,200	\$147,508,100	\$29,727,900	25.24%
SEG	\$311,683	\$312,200	\$19,600	\$19,600	0.00	0.00	\$624,400	\$663,600	\$39,200	6.28%
S	\$311,683	\$312,200	\$19,600	\$19,600	0.00	0.00	\$624,400	\$663,600	\$39,200	6.28%
<b>Total</b>										
A	\$152,744,758	\$185,454,700	\$12,586,300	\$12,682,000	0.00	0.00	\$370,909,400	\$396,177,700	\$25,268,300	6.81%
L	\$371,361	\$648,200	\$0	\$0	0.00	0.00	\$1,296,400	\$1,296,400	\$0	0%
S	\$61,184,391	\$63,168,900	\$15,207,500	\$15,755,800	(7.25)	(14.25)	\$126,337,800	\$157,301,100	\$30,963,300	24.51%
<b>Grand Total</b>	<b>\$214,300,510</b>	<b>\$249,271,800</b>	<b>\$27,793,800</b>	<b>\$28,437,800</b>	<b>(7.25)</b>	<b>(14.25)</b>	<b>\$498,543,600</b>	<b>\$554,775,200</b>	<b>\$56,231,600</b>	<b>11.28%</b>
Gen. Purpose Rev.-Earned	\$15,500,900	\$15,000	\$15,000	\$15,000	0.00	0.00	\$30,000	\$30,000	\$0	0%
Program Revenues	\$11,913,900	(\$859,500)	(\$282,200)	(\$1,079,100)	0.00	0.00	\$-1,719,000	(\$3,080,300)	(\$1,361,300)	79.19%

## B-7 -- Division of Mental Health and Substance Abuse Services and Long Term Care Services; Facilities

FIRST YEAR				SECOND YEAR			
	Expenditure Items	Adjusted Base Year	Changes to Base	TOTAL BUDGET	Adjusted Base Year	Changes to Base	TOTAL BUDGET
1	Permanent Position Salaries	\$183,620,600	\$11,839,200	\$195,459,800	\$183,620,600	\$11,262,700	\$194,883,300
2	Turnover	\$0	\$0	\$0	\$0	\$0	\$0
3	Project Position Salaries	\$62,400	(\$62,400)	\$0	\$62,400	(\$62,400)	\$0
4	LTE/Misc. Salaries	\$2,197,300	\$0	\$2,197,300	\$2,197,300	\$0	\$2,197,300
5	Fringe Benefits	\$85,107,000	\$15,018,200	\$100,125,200	\$85,107,000	\$14,686,400	\$99,793,400
6	Supplies and Services	\$39,151,300	\$1,819,500	\$40,970,800	\$39,151,300	\$2,621,000	\$41,772,300
7	Permanent Property	\$955,700	\$0	\$955,700	\$955,700	\$0	\$955,700
8	Unalloted Reserve	\$0	\$0	\$0	\$0	\$0	\$0
9	Aids to Individuals & Organizations	\$10,526,500	(\$959,200)	\$9,567,300	\$10,526,500	(\$630,300)	\$9,896,200
10	Local Assistance	\$0	\$0	\$0	\$0	\$0	\$0
11	One-time Financing	\$530,500	(\$256,500)	\$274,000	\$530,500	(\$530,500)	\$0
12	Debt service	\$14,240,500	\$0	\$14,240,500	\$14,240,500	\$0	\$14,240,500
13	Food 3000	\$3,772,300	(\$408,600)	\$3,363,700	\$3,772,300	(\$317,600)	\$3,454,700
14	Variable Non-Food 3000	\$22,322,000	(\$1,526,000)	\$20,796,000	\$22,322,000	\$522,000	\$22,844,000
15	Internal data processing 3000	\$2,559,500	\$211,100	\$2,770,600	\$2,559,500	\$223,000	\$2,782,500
16	Rent (leased and state-owned) 3000	\$167,200	\$9,600	\$176,800	\$167,200	\$9,600	\$176,800
17	TOTAL COSTS	\$365,212,800	\$25,684,900	\$390,897,700	\$365,212,800	\$27,783,900	\$392,996,700
18	Project Positions Authorized	0.00	0.00	0.00	0.00	0.00	0.00
19	Classified Positions Authorized	3,885.78	103.11	3,988.89	3,885.78	101.35	3,987.13
20	Unclassified Positions Authorized	0.00	0.00	0.00	0.00	0.00	0.00

## B-7 -- Division of Mental Health and Substance Abuse Services and Long Term Care Services; Facilities (cont'd)

ANNUAL SUMMARY							BIENNIAL SUMMARY			
SOURCE OF FUNDS	PRIOR YEAR ACTUAL	ADJUSTED BASE YEAR	1ST YEAR	2ND YEAR	1ST YEAR FTE	2ND YEAR FTE	BASE YEAR DOUBLED (BYD)	BIENNIAL REQUEST	CHANGE FROM BYD (\$)	CHANGE FROM BYD (%)
GPR	\$168,853,284	\$183,095,700	\$23,645,900	\$24,983,800	114.98	114.98	\$366,191,400	\$414,821,100	\$48,629,700	13.28%
A	\$7,977,588	\$9,135,200	(\$187,800)	\$348,400	0.00	0.00	\$18,270,400	\$18,431,000	\$160,600	0.88%
S	\$160,875,696	\$173,960,500	\$23,833,700	\$24,635,400	114.98	114.98	\$347,921,000	\$396,390,100	\$48,469,100	13.93%
PR	\$192,847,180	\$182,117,100	\$2,039,000	\$2,800,100	(11.87)	(13.63)	\$364,234,200	\$369,073,300	\$4,839,100	1.33%
A	\$0	\$0	\$500,000	\$500,000	0.00	0.00	\$0	\$1,000,000	\$1,000,000	0%
L	\$0	\$250,000	(\$250,000)	(\$250,000)	0.00	0.00	\$500,000	\$0	(\$500,000)	-100%
S	\$192,847,180	\$181,867,100	\$1,789,000	\$2,550,100	(11.87)	(13.63)	\$363,734,200	\$368,073,300	\$4,339,100	1.19%
<b>Total - Non-Federal</b>										
A	\$7,977,588	\$9,135,200	\$312,200	\$848,400	0.00	0.00	\$18,270,400	\$19,431,000	\$1,160,600	6.35%
L	\$0	\$250,000	(\$250,000)	(\$250,000)	0.00	0.00	\$500,000	\$0	(\$500,000)	-100%
S	\$353,722,876	\$355,827,600	\$25,622,700	\$27,185,500	103.11	101.35	\$711,655,200	\$764,463,400	\$52,808,200	7.42%
PR - F	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
S	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
<b>Total - Federal</b>										
A	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
L	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
S	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
GPR	\$168,853,284	\$183,095,700	\$23,645,900	\$24,983,800	114.98	114.98	\$366,191,400	\$414,821,100	\$48,629,700	13.28%
A	\$7,977,588	\$9,135,200	(\$187,800)	\$348,400	0.00	0.00	\$18,270,400	\$18,431,000	\$160,600	0.88%
S	\$160,875,696	\$173,960,500	\$23,833,700	\$24,635,400	114.98	114.98	\$347,921,000	\$396,390,100	\$48,469,100	13.93%
PR	\$192,847,180	\$182,117,100	\$2,039,000	\$2,800,100	(11.87)	(13.63)	\$364,234,200	\$369,073,300	\$4,839,100	1.33%
A	\$0	\$0	\$500,000	\$500,000	0.00	0.00	\$0	\$1,000,000	\$1,000,000	0%
L	\$0	\$250,000	(\$250,000)	(\$250,000)	0.00	0.00	\$500,000	\$0	(\$500,000)	-100%
S	\$192,847,180	\$181,867,100	\$1,789,000	\$2,550,100	(11.87)	(13.63)	\$363,734,200	\$368,073,300	\$4,339,100	1.19%
<b>Total</b>										
A	\$7,977,588	\$9,135,200	\$312,200	\$848,400	0.00	0.00	\$18,270,400	\$19,431,000	\$1,160,600	6.35%
L	\$0	\$250,000	(\$250,000)	(\$250,000)	0.00	0.00	\$500,000	\$0	(\$500,000)	-100%
S	\$353,722,876	\$355,827,600	\$25,622,700	\$27,185,500	103.11	101.35	\$711,655,200	\$764,463,400	\$52,808,200	7.42%
<b>Grand Total</b>	\$361,700,464	\$365,212,800	\$25,684,900	\$27,783,900	103.11	101.35	\$730,425,600	\$783,894,400	\$53,468,800	7.32%
Gen. Purpose Rev.-Earned	\$8,270,400	\$7,850,000	\$8,000,000	\$8,500,000	0.00	0.00	\$15,700,000	\$16,500,000	\$800,000	5.10%
Program Revenues	(\$59,106,300)	(\$13,625,900)	(\$10,261,600)	(\$7,410,700)	0.00	0.00	\$-27,251,800	(\$44,924,100)	(\$17,672,300)	64.85%

## B-7 -- Division of Health Care Access and Accountability

FIRST YEAR				SECOND YEAR			
	Expenditure Items	Adjusted Base Year	Changes to Base	TOTAL BUDGET	Adjusted Base Year	Changes to Base	TOTAL BUDGET
1	Permanent Position Salaries	\$23,868,700	\$1,396,400	\$25,265,100	\$23,868,700	\$1,396,400	\$25,265,100
2	Turnover	\$0	(\$690,800)	(\$690,800)	\$0	(\$690,800)	(\$690,800)
3	Project Position Salaries	\$0	\$47,800	\$47,800	\$0	\$100	\$100
4	LTE/Misc. Salaries	\$179,400	\$0	\$179,400	\$179,400	\$0	\$179,400
5	Fringe Benefits	\$10,998,000	\$1,992,800	\$12,990,800	\$10,998,000	\$1,968,500	\$12,966,500
6	Supplies and Services	\$98,708,400	\$62,884,400	\$161,592,800	\$98,708,400	\$58,280,300	\$156,988,700
7	Permanent Property	\$0	\$0	\$0	\$0	\$0	\$0
8	Unalloted Reserve	\$0	\$0	\$0	\$0	\$0	\$0
9	Aids to Individuals & Organizations	\$6,664,880,700	\$934,343,800	\$7,599,224,500	\$6,664,880,700	\$1,188,327,300	\$7,853,208,000
10	Local Assistance	\$113,479,700	\$4,863,600	\$118,343,300	\$113,479,700	\$7,174,400	\$120,654,100
11	One-time Financing	\$0	\$0	\$0	\$0	\$0	\$0
12	Debt service	\$0	\$0	\$0	\$0	\$0	\$0
13	Food 3000	\$0	\$0	\$0	\$0	\$0	\$0
14	Variable Non-Food 3000	\$0	\$0	\$0	\$0	\$0	\$0
15	Internal data processing 3000	\$1,402,800	\$0	\$1,402,800	\$1,402,800	\$0	\$1,402,800
16	Rent (leased and state-owned) 3000	\$1,974,600	\$93,800	\$2,068,400	\$1,974,600	\$93,800	\$2,068,400
17	TOTAL COSTS	\$6,915,492,300	\$1,004,931,800	\$7,920,424,100	\$6,915,492,300	\$1,256,550,000	\$8,172,042,300
18	Project Positions Authorized	4.00	(4.00)	0.00	4.00	(4.00)	0.00
19	Classified Positions Authorized	499.33	(1.14)	498.19	499.33	(1.14)	498.19
20	Unclassified Positions Authorized	1.00	0.00	1.00	1.00	0.00	1.00

## B-7 -- Division of Health Care Access and Accountability (cont'd)

ANNUAL SUMMARY							BIENNIAL SUMMARY			
SOURCE OF FUNDS	PRIOR YEAR ACTUAL	ADJUSTED BASE YEAR	1ST YEAR	2ND YEAR	1ST YEAR FTE	2ND YEAR FTE	BASE YEAR DOUBLED (BYD)	BIENNIAL REQUEST	CHANGE FROM BYD (\$)	CHANGE FROM BYD (%)
GPR	\$1,468,681,741	\$1,574,426,100	\$251,899,300	\$363,311,500	0.22	0.22	\$3,148,852,200	\$3,764,063,000	\$615,210,800	19.54%
A	\$1,386,800,831	\$1,496,504,900	\$223,562,500	\$334,293,400	0.00	0.00	\$2,993,009,800	\$3,550,865,700	\$557,855,900	18.64%
L	\$37,469,072	\$36,264,400	\$5,876,200	\$6,626,000	0.00	0.00	\$72,528,800	\$85,031,000	\$12,502,200	17.24%
S	\$44,411,838	\$41,656,800	\$22,460,600	\$22,392,100	0.22	0.22	\$83,313,600	\$128,166,300	\$44,852,700	53.84%
PR	\$196,543,112	\$197,263,700	\$17,671,700	\$24,455,400	(2.30)	(2.30)	\$394,527,400	\$436,654,500	\$42,127,100	10.68%
A	\$169,352,503	\$155,882,500	\$17,580,800	\$24,311,800	0.00	0.00	\$311,765,000	\$353,657,600	\$41,892,600	13.44%
L	\$1,245,676	\$1,841,300	\$87,500	\$87,500	0.00	0.00	\$3,682,600	\$3,857,600	\$175,000	4.75%
S	\$25,944,933	\$39,539,900	\$3,400	\$56,100	(2.30)	(2.30)	\$79,079,800	\$79,139,300	\$59,500	0.08%
SEG	\$635,098,699	\$864,618,200	\$59,070,100	\$64,838,800	0.00	0.00	\$1,729,236,400	\$1,853,145,300	\$123,908,900	7.17%
A	\$635,098,699	\$864,618,200	\$59,070,100	\$64,838,800	0.00	0.00	\$1,729,236,400	\$1,853,145,300	\$123,908,900	7.17%
<b>Total - Non-Federal</b>										
A	\$2,191,252,033	\$2,517,005,600	\$300,213,400	\$423,444,000	0.00	0.00	\$5,034,011,200	\$5,757,668,600	\$723,657,400	14.38%
L	\$38,714,748	\$38,105,700	\$5,963,700	\$6,713,500	0.00	0.00	\$76,211,400	\$88,888,600	\$12,677,200	16.63%
S	\$70,356,771	\$81,196,700	\$22,464,000	\$22,448,200	(2.08)	(2.08)	\$162,393,400	\$207,305,600	\$44,912,200	27.66%
PR - F	\$5,813,003,908	\$4,279,184,300	\$676,290,700	\$803,944,300	(3.06)	(3.06)	\$8,558,368,600	\$10,038,603,600	\$1,480,235,000	17.30%
A	\$5,637,986,917	\$4,124,935,300	\$634,042,900	\$764,795,800	0.00	0.00	\$8,249,870,600	\$9,648,709,300	\$1,398,838,700	16.96%
L	\$59,004,642	\$58,248,400	(\$1,156,800)	(\$1,156,800)	0.00	0.00	\$116,496,800	\$114,183,200	(\$2,313,600)	-1.99%
S	\$116,012,349	\$96,000,600	\$43,404,600	\$40,305,300	(3.06)	(3.06)	\$192,001,200	\$275,711,100	\$83,709,900	43.60%
<b>Total - Federal</b>										
A	\$5,637,986,917	\$4,124,935,300	\$634,042,900	\$764,795,800	0.00	0.00	\$8,249,870,600	\$9,648,709,300	\$1,398,838,700	16.96%
L	\$59,004,642	\$58,248,400	(\$1,156,800)	(\$1,156,800)	0.00	0.00	\$116,496,800	\$114,183,200	(\$2,313,600)	-1.99%
S	\$116,012,349	\$96,000,600	\$43,404,600	\$40,305,300	(3.06)	(3.06)	\$192,001,200	\$275,711,100	\$83,709,900	43.60%
GPR	\$1,468,681,741	\$1,574,426,100	\$251,899,300	\$363,311,500	0.22	0.22	\$3,148,852,200	\$3,764,063,000	\$615,210,800	19.54%
A	\$1,386,800,831	\$1,496,504,900	\$223,562,500	\$334,293,400	0.00	0.00	\$2,993,009,800	\$3,550,865,700	\$557,855,900	18.64%
L	\$37,469,072	\$36,264,400	\$5,876,200	\$6,626,000	0.00	0.00	\$72,528,800	\$85,031,000	\$12,502,200	17.24%
S	\$44,411,838	\$41,656,800	\$22,460,600	\$22,392,100	0.22	0.22	\$83,313,600	\$128,166,300	\$44,852,700	53.84%
PR	\$6,009,547,020	\$4,476,448,000	\$693,962,400	\$828,399,700	(5.36)	(5.36)	\$8,952,896,000	\$10,475,258,100	\$1,522,362,100	17%
A	\$5,807,339,420	\$4,280,817,800	\$651,623,700	\$789,107,600	0.00	0.00	\$8,561,635,600	\$10,002,366,900	\$1,440,731,300	16.83%
L	\$60,250,318	\$60,089,700	(\$1,069,300)	(\$1,069,300)	0.00	0.00	\$120,179,400	\$118,040,800	(\$2,138,600)	-1.78%
S	\$141,957,282	\$135,540,500	\$43,408,000	\$40,361,400	(5.36)	(5.36)	\$271,081,000	\$354,850,400	\$83,769,400	30.90%
SEG	\$635,098,699	\$864,618,200	\$59,070,100	\$64,838,800	0.00	0.00	\$1,729,236,400	\$1,853,145,300	\$123,908,900	7.17%
A	\$635,098,699	\$864,618,200	\$59,070,100	\$64,838,800	0.00	0.00	\$1,729,236,400	\$1,853,145,300	\$123,908,900	7.17%
<b>Total</b>										
A	\$7,829,238,950	\$6,641,940,900	\$934,256,300	\$1,188,239,800	0.00	0.00	\$13,283,881,800	\$15,406,377,900	\$2,122,496,100	15.98%
L	\$97,719,390	\$96,354,100	\$4,806,900	\$5,556,700	0.00	0.00	\$192,708,200	\$203,071,800	\$10,363,600	5.38%
S	\$186,369,120	\$177,197,300	\$65,868,600	\$62,753,500	(5.14)	(5.14)	\$354,394,600	\$483,016,700	\$128,622,100	36.29%
<b>Grand Total</b>	\$8,113,327,460	\$6,915,492,300	\$1,004,931,800	\$1,256,550,000	(5.14)	(5.14)	\$13,830,984,600	\$16,092,466,400	\$2,261,481,800	16.35%
Gen. Purpose Rev.-Earned	\$16,636,300	\$16,644,000	\$16,494,000	\$16,494,000	0.00	0.00	\$33,288,000	\$32,988,000	(\$300,000)	-0.90%
Program Revenues	(\$11,390,187)	(\$6,419,900)	(\$6,708,100)	(\$6,869,800)	0.00	0.00	\$-12,839,800	(\$26,417,700)	(\$13,577,900)	105.75%

## B-7 -- Division of Mental Health and Substance Abuse Services

FIRST YEAR				SECOND YEAR			
	Expenditure Items	Adjusted Base Year	Changes to Base	TOTAL BUDGET	Adjusted Base Year	Changes to Base	TOTAL BUDGET
1	Permanent Position Salaries	\$2,968,400	\$201,600	\$3,170,000	\$2,968,400	\$201,600	\$3,170,000
2	Turnover	\$0	\$0	\$0	\$0	\$0	\$0
3	Project Position Salaries	\$0	\$0	\$0	\$0	\$0	\$0
4	LTE/Misc. Salaries	\$19,900	\$63,600	\$83,500	\$19,900	\$63,600	\$83,500
5	Fringe Benefits	\$1,402,700	\$163,100	\$1,565,800	\$1,402,700	\$163,100	\$1,565,800
6	Supplies and Services	\$2,879,400	\$1,734,100	\$4,613,500	\$2,879,400	\$1,734,100	\$4,613,500
7	Permanent Property	\$0	\$0	\$0	\$0	\$0	\$0
8	Unalloted Reserve	\$0	\$0	\$0	\$0	\$0	\$0
9	Aids to Individuals & Organizations	\$17,137,000	\$10,104,800	\$27,241,800	\$17,137,000	\$10,114,500	\$27,251,500
10	Local Assistance	\$34,571,200	\$864,100	\$35,435,300	\$34,571,200	\$864,100	\$35,435,300
11	One-time Financing	\$0	\$0	\$0	\$0	\$0	\$0
12	Debt service	\$0	\$0	\$0	\$0	\$0	\$0
13	Food 3000	\$0	\$0	\$0	\$0	\$0	\$0
14	Variable Non-Food 3000	\$0	\$0	\$0	\$0	\$0	\$0
15	Internal data processing 3000	\$24,000	\$0	\$24,000	\$24,000	\$0	\$24,000
16	Rent (leased and state-owned) 3000	\$381,200	\$19,800	\$401,000	\$381,200	\$19,800	\$401,000
17	TOTAL COSTS	\$59,383,800	\$13,151,100	\$72,534,900	\$59,383,800	\$13,160,800	\$72,544,600
18	Project Positions Authorized	0.00	0.00	0.00	0.00	0.00	0.00
19	Classified Positions Authorized	49.42	2.00	51.42	49.42	2.00	51.42
20	Unclassified Positions Authorized	1.00	0.00	1.00	1.00	0.00	1.00



## B-7 -- Division of Mental Health and Substance Abuse Services (cont'd)

ANNUAL SUMMARY							BIENNIAL SUMMARY			
SOURCE OF FUNDS	PRIOR YEAR ACTUAL	ADJUSTED BASE YEAR	1ST YEAR	2ND YEAR	1ST YEAR FTE	2ND YEAR FTE	BASE YEAR DOUBLED (BYD)	BIENNIAL REQUEST	CHANGE FROM BYD (\$)	CHANGE FROM BYD (%)
GPR	\$18,597,130	\$22,843,100	\$1,193,800	\$1,193,800	3.50	3.50	\$45,686,200	\$48,073,800	\$2,387,600	5.23%
L	\$17,158,413	\$21,285,300	\$865,000	\$865,000	0.00	0.00	\$42,570,600	\$44,300,600	\$1,730,000	4.06%
S	\$1,438,717	\$1,557,800	\$328,800	\$328,800	3.50	3.50	\$3,115,600	\$3,773,200	\$657,600	21.11%
PR	\$3,782,470	\$5,000,300	\$1,611,200	\$1,620,900	(0.50)	(0.50)	\$10,000,600	\$13,232,700	\$3,232,100	32.32%
A	\$1,334,336	\$1,159,900	\$0	\$0	0.00	0.00	\$2,319,800	\$2,319,800	\$0	0%
L	\$735,401	\$1,719,400	\$0	\$0	0.00	0.00	\$3,438,800	\$3,438,800	\$0	0%
S	\$1,712,733	\$2,121,000	\$1,611,200	\$1,620,900	(0.50)	(0.50)	\$4,242,000	\$7,474,100	\$3,232,100	76.19%
<b>Total - Non-Federal</b>										
A	\$1,334,336	\$1,159,900	\$0	\$0	0.00	0.00	\$2,319,800	\$2,319,800	\$0	0%
L	\$17,893,814	\$23,004,700	\$865,000	\$865,000	0.00	0.00	\$46,009,400	\$47,739,400	\$1,730,000	3.76%
S	\$3,151,450	\$3,678,800	\$1,940,000	\$1,949,700	3.00	3.00	\$7,357,600	\$11,247,300	\$3,889,700	52.87%
PR - F	\$35,916,264	\$31,540,400	\$10,346,100	\$10,346,100	(1.00)	(1.00)	\$63,080,800	\$83,773,000	\$20,692,200	32.80%
A	\$17,122,514	\$8,251,600	\$9,344,100	\$9,344,100	0.00	0.00	\$16,503,200	\$35,191,400	\$18,688,200	113.24%
L	\$15,477,587	\$19,701,200	(\$900)	(\$900)	0.00	0.00	\$39,402,400	\$39,400,600	(\$1,800)	0%
S	\$3,316,163	\$3,587,600	\$1,002,900	\$1,002,900	(1.00)	(1.00)	\$7,175,200	\$9,181,000	\$2,005,800	27.95%
<b>Total - Federal</b>										
A	\$17,122,514	\$8,251,600	\$9,344,100	\$9,344,100	0.00	0.00	\$16,503,200	\$35,191,400	\$18,688,200	113.24%
L	\$15,477,587	\$19,701,200	(\$900)	(\$900)	0.00	0.00	\$39,402,400	\$39,400,600	(\$1,800)	0%
S	\$3,316,163	\$3,587,600	\$1,002,900	\$1,002,900	(1.00)	(1.00)	\$7,175,200	\$9,181,000	\$2,005,800	27.95%
GPR	\$18,597,130	\$22,843,100	\$1,193,800	\$1,193,800	3.50	3.50	\$45,686,200	\$48,073,800	\$2,387,600	5.23%
L	\$17,158,413	\$21,285,300	\$865,000	\$865,000	0.00	0.00	\$42,570,600	\$44,300,600	\$1,730,000	4.06%
S	\$1,438,717	\$1,557,800	\$328,800	\$328,800	3.50	3.50	\$3,115,600	\$3,773,200	\$657,600	21.11%
PR	\$39,698,734	\$36,540,700	\$11,957,300	\$11,967,000	(1.50)	(1.50)	\$73,081,400	\$97,005,700	\$23,924,300	32.74%
A	\$18,456,850	\$9,411,500	\$9,344,100	\$9,344,100	0.00	0.00	\$18,823,000	\$37,511,200	\$18,688,200	99.28%
L	\$16,212,988	\$21,420,600	(\$900)	(\$900)	0.00	0.00	\$42,841,200	\$42,839,400	(\$1,800)	0%
S	\$5,028,896	\$5,708,600	\$2,614,100	\$2,623,800	(1.50)	(1.50)	\$11,417,200	\$16,655,100	\$5,237,900	45.88%
<b>Total</b>										
A	\$18,456,850	\$9,411,500	\$9,344,100	\$9,344,100	0.00	0.00	\$18,823,000	\$37,511,200	\$18,688,200	99.28%
L	\$33,371,401	\$42,705,900	\$864,100	\$864,100	0.00	0.00	\$85,411,800	\$87,140,000	\$1,728,200	2.02%
S	\$6,467,613	\$7,266,400	\$2,942,900	\$2,952,600	2.00	2.00	\$14,532,800	\$20,428,300	\$5,895,500	40.57%
<b>Grand Total</b>	\$58,295,864	\$59,383,800	\$13,151,100	\$13,160,800	2.00	2.00	\$118,767,600	\$145,079,500	\$26,311,900	22.15%
Gen. Purpose Rev.-Earned	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
Program Revenues	\$8,875,418	\$433,700	\$184,900	\$100,500	0.00	0.00	\$867,400	\$1,152,800	\$285,400	32.90%

## B-7 -- Division of Quality Assurance

FIRST YEAR				SECOND YEAR			
	Expenditure Items	Adjusted Base Year	Changes to Base	TOTAL BUDGET	Adjusted Base Year	Changes to Base	TOTAL BUDGET
1	Permanent Position Salaries	\$12,704,700	\$792,500	\$13,497,200	\$12,704,700	\$792,500	\$13,497,200
2	Turnover	\$0	(\$307,400)	(\$307,400)	\$0	(\$307,400)	(\$307,400)
3	Project Position Salaries	\$0	\$35,200	\$35,200	\$0	\$0	\$0
4	LTE/Misc. Salaries	\$20,700	\$0	\$20,700	\$20,700	\$0	\$20,700
5	Fringe Benefits	\$5,878,100	\$1,061,000	\$6,939,100	\$5,878,100	\$1,043,000	\$6,921,100
6	Supplies and Services	\$7,025,400	(\$7,000)	\$7,018,400	\$7,025,400	(\$7,000)	\$7,018,400
7	Permanent Property	\$0	\$0	\$0	\$0	\$0	\$0
8	Unalloted Reserve	\$0	\$0	\$0	\$0	\$0	\$0
9	Aids to Individuals & Organizations	\$563,200	\$0	\$563,200	\$563,200	\$0	\$563,200
10	Local Assistance	\$0	\$0	\$0	\$0	\$0	\$0
11	One-time Financing	\$6,500	(\$6,500)	\$0	\$6,500	(\$6,500)	\$0
12	Debt service	\$0	\$0	\$0	\$0	\$0	\$0
13	Food 3000	\$0	\$0	\$0	\$0	\$0	\$0
14	Variable Non-Food 3000	\$0	\$0	\$0	\$0	\$0	\$0
15	Internal data processing 3000	\$284,100	\$0	\$284,100	\$284,100	\$0	\$284,100
16	Rent (leased and state-owned) 3000	\$818,200	\$44,500	\$862,700	\$818,200	\$44,500	\$862,700
17	TOTAL COSTS	\$27,300,900	\$1,612,300	\$28,913,200	\$27,300,900	\$1,559,100	\$28,860,000
18	Project Positions Authorized	1.00	(0.50)	0.50	1.00	(1.00)	0.00
19	Classified Positions Authorized	239.38	(1.20)	238.18	239.38	(1.20)	238.18
20	Unclassified Positions Authorized	0.00	0.00	0.00	0.00	0.00	0.00

## B-7 -- Division of Quality Assurance (cont'd)

ANNUAL SUMMARY							BIENNIAL SUMMARY			
SOURCE OF FUNDS	PRIOR YEAR ACTUAL	ADJUSTED BASE YEAR	1ST YEAR	2ND YEAR	1ST YEAR FTE	2ND YEAR FTE	BASE YEAR DOUBLED (BYD)	BIENNIAL REQUEST	CHANGE FROM BYD (\$)	CHANGE FROM BYD (%)
GPR	\$6,061,962	\$5,604,500	\$378,400	\$378,400	0.00	0.00	\$11,209,000	\$11,965,800	\$756,800	6.75%
S	\$6,061,962	\$5,604,500	\$378,400	\$378,400	0.00	0.00	\$11,209,000	\$11,965,800	\$756,800	6.75%
PR	\$4,270,602	\$5,700,900	\$169,300	\$169,300	0.60	0.60	\$11,401,800	\$11,740,400	\$338,600	2.97%
A	\$0	\$413,700	\$0	\$0	0.00	0.00	\$827,400	\$827,400	\$0	0%
S	\$4,270,602	\$5,287,200	\$169,300	\$169,300	0.60	0.60	\$10,574,400	\$10,913,000	\$338,600	3.20%
<b>Total - Non-Federal</b>										
A	\$0	\$413,700	\$0	\$0	0.00	0.00	\$827,400	\$827,400	\$0	0%
L	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
S	\$10,332,564	\$10,891,700	\$547,700	\$547,700	0.60	0.60	\$21,783,400	\$22,878,800	\$1,095,400	5.03%
PR - F	\$18,844,062	\$15,995,500	\$1,064,600	\$1,011,400	(2.30)	(2.80)	\$31,991,000	\$34,067,000	\$2,076,000	6.49%
A	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
L	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
S	\$18,844,062	\$15,995,500	\$1,064,600	\$1,011,400	(2.30)	(2.80)	\$31,991,000	\$34,067,000	\$2,076,000	6.49%
<b>Total - Federal</b>										
A	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
L	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
S	\$18,844,062	\$15,995,500	\$1,064,600	\$1,011,400	(2.30)	(2.80)	\$31,991,000	\$34,067,000	\$2,076,000	6.49%
GPR	\$6,061,962	\$5,604,500	\$378,400	\$378,400	0.00	0.00	\$11,209,000	\$11,965,800	\$756,800	6.75%
S	\$6,061,962	\$5,604,500	\$378,400	\$378,400	0.00	0.00	\$11,209,000	\$11,965,800	\$756,800	6.75%
PR	\$23,114,664	\$21,696,400	\$1,233,900	\$1,180,700	(1.70)	(2.20)	\$43,392,800	\$45,807,400	\$2,414,600	5.56%
A	\$0	\$413,700	\$0	\$0	0.00	0.00	\$827,400	\$827,400	\$0	0%
L	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
S	\$23,114,664	\$21,282,700	\$1,233,900	\$1,180,700	(1.70)	(2.20)	\$42,565,400	\$44,980,000	\$2,414,600	5.67%
<b>Total</b>										
A	\$0	\$413,700	\$0	\$0	0.00	0.00	\$827,400	\$827,400	\$0	0%
L	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
S	\$29,176,626	\$26,887,200	\$1,612,300	\$1,559,100	(1.70)	(2.20)	\$53,774,400	\$56,945,800	\$3,171,400	5.90%
<b>Grand Total</b>	\$29,176,626	\$27,300,900	\$1,612,300	\$1,559,100	(1.70)	(2.20)	\$54,601,800	\$57,773,200	\$3,171,400	5.81%
Gen. Purpose Rev.-Earned	\$18,000	\$15,000	\$15,000	\$15,000	0.00	0.00	\$30,000	\$30,000	\$0	0%
Program Revenues	\$2,629,502	\$9,526,600	\$16,045,900	\$22,986,300	0.00	0.00	\$19,053,200	\$58,085,400	\$39,032,200	204.86%

## B-7 -- Division of Long Term Care Services

FIRST YEAR				SECOND YEAR			
	Expenditure Items	Adjusted Base Year	Changes to Base	TOTAL BUDGET	Adjusted Base Year	Changes to Base	TOTAL BUDGET
1	Permanent Position Salaries	\$8,844,300	\$416,700	\$9,261,000	\$8,844,300	\$416,700	\$9,261,000
2	Turnover	\$0	(\$208,000)	(\$208,000)	\$0	(\$208,000)	(\$208,000)
3	Project Position Salaries	\$9,200	\$116,400	\$125,600	\$9,200	(\$9,100)	\$100
4	LTE/Misc. Salaries	\$148,800	(\$26,900)	\$121,900	\$148,800	(\$26,900)	\$121,900
5	Fringe Benefits	\$3,978,300	\$846,300	\$4,824,600	\$3,978,300	\$781,800	\$4,760,100
6	Supplies and Services	\$17,690,000	\$172,800	\$17,862,800	\$17,690,000	\$321,700	\$18,011,700
7	Permanent Property	\$0	\$0	\$0	\$0	\$0	\$0
8	Unalloted Reserve	\$0	\$0	\$0	\$0	\$0	\$0
9	Aids to Individuals & Organizations	\$188,857,200	(\$24,745,100)	\$164,112,100	\$188,857,200	(\$6,400,200)	\$182,457,000
10	Local Assistance	\$229,802,800	\$20,849,000	\$250,651,800	\$229,802,800	\$47,081,600	\$276,884,400
11	One-time Financing	\$0	\$0	\$0	\$0	\$0	\$0
12	Debt service	\$0	\$0	\$0	\$0	\$0	\$0
13	Food 3000	\$0	\$0	\$0	\$0	\$0	\$0
14	Variable Non-Food 3000	\$0	\$0	\$0	\$0	\$0	\$0
15	Internal data processing 3000	\$2,792,500	(\$17,100)	\$2,775,400	\$2,792,500	(\$17,100)	\$2,775,400
16	Rent (leased and state-owned) 3000	\$800,800	\$13,500	\$814,300	\$800,800	\$13,500	\$814,300
17	TOTAL COSTS	\$452,923,900	(\$2,582,400)	\$450,341,500	\$452,923,900	\$41,954,000	\$494,877,900
18	Project Positions Authorized	3.00	(3.00)	0.00	3.00	(3.00)	0.00
19	Classified Positions Authorized	161.71	5.89	167.60	161.71	5.89	167.60
20	Unclassified Positions Authorized	1.00	0.00	1.00	1.00	0.00	1.00

## B-7 -- Division of Long Term Care Services (cont'd)

ANNUAL SUMMARY							BIENNIAL SUMMARY			
SOURCE OF FUNDS	PRIOR YEAR ACTUAL	ADJUSTED BASE YEAR	1ST YEAR	2ND YEAR	1ST YEAR FTE	2ND YEAR FTE	BASE YEAR DOUBLED (BYD)	BIENNIAL REQUEST	CHANGE FROM BYD (\$)	CHANGE FROM BYD (%)
GPR	\$240,318,575	\$295,936,900	(\$10,737,300)	\$15,615,800	6.00	6.00	\$591,873,800	\$596,752,300	\$4,878,500	0.82%
A	\$14,972,134	\$16,887,500	\$268,700	\$1,182,800	0.00	0.00	\$33,775,000	\$35,226,500	\$1,451,500	4.30%
L	\$215,560,234	\$266,138,900	(\$11,349,000)	\$14,054,700	0.00	0.00	\$532,277,800	\$534,983,500	\$2,705,700	0.51%
S	\$9,786,207	\$12,910,500	\$343,000	\$378,300	6.00	6.00	\$25,821,000	\$26,542,300	\$721,300	2.79%
PR	\$45,302,904	\$67,614,800	\$975,900	\$19,355,200	(0.53)	(0.53)	\$135,229,600	\$155,560,700	\$20,331,100	15.03%
A	\$43,705,218	\$64,154,000	\$1,009,200	\$19,388,500	0.00	0.00	\$128,308,000	\$148,705,700	\$20,397,700	15.90%
L	\$846,198	\$491,100	\$1,138,500	\$1,138,500	0.00	0.00	\$982,200	\$3,259,200	\$2,277,000	231.83%
S	\$751,488	\$2,969,700	(\$1,171,800)	(\$1,171,800)	(0.53)	(0.53)	\$5,939,400	\$3,595,800	(\$2,343,600)	-39.46%
<b>Total - Non-Federal</b>										
A	\$58,677,352	\$81,041,500	\$1,277,900	\$20,571,300	0.00	0.00	\$162,083,000	\$183,932,200	\$21,849,200	13.48%
L	\$216,406,432	\$266,630,000	(\$10,210,500)	\$15,193,200	0.00	0.00	\$533,260,000	\$538,242,700	\$4,982,700	0.93%
S	\$10,537,695	\$15,880,200	(\$828,800)	(\$793,500)	5.47	5.47	\$31,760,400	\$30,138,100	(\$1,622,300)	-5.11%
PR - F	\$102,610,721	\$89,372,200	\$7,179,000	\$6,983,000	(2.58)	(2.58)	\$178,744,400	\$192,906,400	\$14,162,000	7.92%
A	\$35,251,207	\$29,725,300	\$2,902,600	\$2,902,600	0.00	0.00	\$59,450,600	\$65,255,800	\$5,805,200	9.76%
L	\$48,148,239	\$41,284,700	\$2,459,300	\$2,374,100	0.00	0.00	\$82,569,400	\$87,402,800	\$4,833,400	5.85%
S	\$19,211,275	\$18,362,200	\$1,817,100	\$1,706,300	(2.58)	(2.58)	\$36,724,400	\$40,247,800	\$3,523,400	9.59%
<b>Total - Federal</b>										
A	\$35,251,207	\$29,725,300	\$2,902,600	\$2,902,600	0.00	0.00	\$59,450,600	\$65,255,800	\$5,805,200	9.76%
L	\$48,148,239	\$41,284,700	\$2,459,300	\$2,374,100	0.00	0.00	\$82,569,400	\$87,402,800	\$4,833,400	5.85%
S	\$19,211,275	\$18,362,200	\$1,817,100	\$1,706,300	(2.58)	(2.58)	\$36,724,400	\$40,247,800	\$3,523,400	9.59%
GPR	\$240,318,575	\$295,936,900	(\$10,737,300)	\$15,615,800	6.00	6.00	\$591,873,800	\$596,752,300	\$4,878,500	0.82%
A	\$14,972,134	\$16,887,500	\$268,700	\$1,182,800	0.00	0.00	\$33,775,000	\$35,226,500	\$1,451,500	4.30%
L	\$215,560,234	\$266,138,900	(\$11,349,000)	\$14,054,700	0.00	0.00	\$532,277,800	\$534,983,500	\$2,705,700	0.51%
S	\$9,786,207	\$12,910,500	\$343,000	\$378,300	6.00	6.00	\$25,821,000	\$26,542,300	\$721,300	2.79%
PR	\$147,913,625	\$156,987,000	\$8,154,900	\$26,338,200	(3.11)	(3.11)	\$313,974,000	\$348,467,100	\$34,493,100	10.99%
A	\$78,956,425	\$93,879,300	\$3,911,800	\$22,291,100	0.00	0.00	\$187,758,600	\$213,961,500	\$26,202,900	13.96%
L	\$48,994,437	\$41,775,800	\$3,597,800	\$3,512,600	0.00	0.00	\$83,551,600	\$90,662,000	\$7,110,400	8.51%
S	\$19,962,763	\$21,331,900	\$645,300	\$534,500	(3.11)	(3.11)	\$42,663,800	\$43,843,600	\$1,179,800	2.77%
<b>Total</b>										
A	\$93,928,559	\$110,766,800	\$4,180,500	\$23,473,900	0.00	0.00	\$221,533,600	\$249,188,000	\$27,654,400	12.48%
L	\$264,554,671	\$307,914,700	(\$7,751,200)	\$17,567,300	0.00	0.00	\$615,829,400	\$625,645,500	\$9,816,100	1.59%
S	\$29,748,970	\$34,242,400	\$988,300	\$912,800	2.89	2.89	\$68,484,800	\$70,385,900	\$1,901,100	2.78%
<b>Grand Total</b>	\$388,232,200	\$452,923,900	(\$2,582,400)	\$41,954,000	2.89	2.89	\$905,847,800	\$945,219,400	\$39,371,600	4.35%
Gen. Purpose Rev.-Earned	\$48,400	\$25,000	\$25,000	\$25,000	0.00	0.00	\$50,000	\$50,000	\$0	0%
Program Revenues	(\$24,464,992)	(\$15,550,400)	(\$9,282,400)	\$142,200	0.00	0.00	\$-31,100,800	(\$40,241,000)	(\$9,140,200)	29.39%

## B-7 -- Executive Services

FIRST YEAR				SECOND YEAR			
	Expenditure Items	Adjusted Base Year	Changes to Base	TOTAL BUDGET	Adjusted Base Year	Changes to Base	TOTAL BUDGET
1	Permanent Position Salaries	\$18,532,800	(\$21,200)	\$18,511,600	\$18,532,800	\$70,000	\$18,602,800
2	Turnover	\$0	(\$467,600)	(\$467,600)	\$0	(\$467,600)	(\$467,600)
3	Project Position Salaries	\$125,500	(\$116,500)	\$9,000	\$125,500	(\$125,500)	\$0
4	LTE/Misc. Salaries	\$439,900	(\$18,500)	\$421,400	\$439,900	(\$16,700)	\$423,200
5	Fringe Benefits	\$8,487,400	\$1,035,800	\$9,523,200	\$8,487,400	\$1,079,200	\$9,566,600
6	Supplies and Services	\$19,125,500	(\$4,009,100)	\$15,116,400	\$19,125,500	(\$3,868,000)	\$15,257,500
7	Permanent Property	\$2,891,900	\$0	\$2,891,900	\$2,891,900	\$0	\$2,891,900
8	Unalloted Reserve	\$0	\$0	\$0	\$0	\$0	\$0
9	Aids to Individuals & Organizations	\$294,100	\$2,000,000	\$2,294,100	\$294,100	\$2,000,000	\$2,294,100
10	Local Assistance	\$4,763,400	\$0	\$4,763,400	\$4,763,400	\$0	\$4,763,400
11	One-time Financing	\$0	\$0	\$0	\$0	\$0	\$0
12	Debt service	\$0	\$0	\$0	\$0	\$0	\$0
13	Food 3000	\$0	\$0	\$0	\$0	\$0	\$0
14	Variable Non-Food 3000	\$0	\$0	\$0	\$0	\$0	\$0
15	Internal data processing 3000	\$2,769,700	(\$534,000)	\$2,235,700	\$2,769,700	(\$489,600)	\$2,280,100
16	Rent (leased and state-owned) 3000	\$2,019,900	(\$4,800)	\$2,015,100	\$2,019,900	\$5,600	\$2,025,500
17	TOTAL COSTS	\$59,450,100	(\$2,135,900)	\$57,314,200	\$59,450,100	(\$1,812,600)	\$57,637,500
18	Project Positions Authorized	2.00	(2.00)	0.00	2.00	(2.00)	0.00
19	Classified Positions Authorized	309.50	0.00	309.50	309.50	0.00	309.50
20	Unclassified Positions Authorized	5.00	0.00	5.00	5.00	0.00	5.00

## B-7 -- Executive Services (cont'd)

ANNUAL SUMMARY							BIENNIAL SUMMARY			
SOURCE OF FUNDS	PRIOR YEAR ACTUAL	ADJUSTED BASE YEAR	1ST YEAR	2ND YEAR	1ST YEAR FTE	2ND YEAR FTE	BASE YEAR DOUBLED (BYD)	BIENNIAL REQUEST	CHANGE FROM BYD (\$)	CHANGE FROM BYD (%)
GPR	\$7,557,062	\$12,439,200	\$732,800	\$732,800	(2.50)	(2.50)	\$24,878,400	\$26,344,000	\$1,465,600	5.89%
S	\$7,557,062	\$12,439,200	\$732,800	\$732,800	(2.50)	(2.50)	\$24,878,400	\$26,344,000	\$1,465,600	5.89%
PR	\$25,343,197	\$34,178,000	(\$3,371,200)	(\$3,154,600)	2.88	2.88	\$68,356,000	\$61,830,200	(\$6,525,800)	-9.55%
A	\$1,479,827	\$0	\$2,000,000	\$2,000,000	0.00	0.00	\$0	\$4,000,000	\$4,000,000	0%
S	\$23,863,370	\$34,178,000	(\$5,371,200)	(\$5,154,600)	2.88	2.88	\$68,356,000	\$57,830,200	(\$10,525,800)	-15.40%
<b>Total - Non-Federal</b>										
A	\$1,479,827	\$0	\$2,000,000	\$2,000,000	0.00	0.00	\$0	\$4,000,000	\$4,000,000	0%
S	\$31,420,432	\$46,617,200	(\$4,638,400)	(\$4,421,800)	0.38	0.38	\$93,234,400	\$84,174,200	(\$9,060,200)	-9.72%
PR - F	\$18,083,105	\$12,832,900	\$502,500	\$609,200	(2.38)	(2.38)	\$25,665,800	\$26,777,500	\$1,111,700	4.33%
S	\$18,083,105	\$12,832,900	\$502,500	\$609,200	(2.38)	(2.38)	\$25,665,800	\$26,777,500	\$1,111,700	4.33%
<b>Total - Federal</b>										
A	\$0	\$0	\$0	\$0	0.00	0.00	\$0	\$0	\$0	0%
S	\$18,083,105	\$12,832,900	\$502,500	\$609,200	(2.38)	(2.38)	\$25,665,800	\$26,777,500	\$1,111,700	4.33%
GPR	\$7,557,062	\$12,439,200	\$732,800	\$732,800	(2.50)	(2.50)	\$24,878,400	\$26,344,000	\$1,465,600	5.89%
S	\$7,557,062	\$12,439,200	\$732,800	\$732,800	(2.50)	(2.50)	\$24,878,400	\$26,344,000	\$1,465,600	5.89%
PR	\$43,426,302	\$47,010,900	(\$2,868,700)	(\$2,545,400)	0.50	0.50	\$94,021,800	\$88,607,700	(\$5,414,100)	-5.76%
A	\$1,479,827	\$0	\$2,000,000	\$2,000,000	0.00	0.00	\$0	\$4,000,000	\$4,000,000	0%
S	\$41,946,475	\$47,010,900	(\$4,868,700)	(\$4,545,400)	0.50	0.50	\$94,021,800	\$84,607,700	(\$9,414,100)	-10.01%
<b>Total</b>										
A	\$1,479,827	\$0	\$2,000,000	\$2,000,000	0.00	0.00	\$0	\$4,000,000	\$4,000,000	0%
S	\$49,503,537	\$59,450,100	(\$4,135,900)	(\$3,812,600)	(2.00)	(2.00)	\$118,900,200	\$110,951,700	(\$7,948,500)	-6.69%
<b>Grand Total</b>	\$50,983,364	\$59,450,100	(\$2,135,900)	(\$1,812,600)	(2.00)	(2.00)	\$118,900,200	\$114,951,700	(\$3,948,500)	-3.32%
Gen. Purpose Rev.-Earned	\$5,000	\$5,000	\$5,000	\$5,000	0.00	0.00	\$10,000	\$10,000	\$0	0%
Program Revenues	\$32,947,263	\$100,100	(\$309,400)	(\$592,800)	0.00	0.00	\$200,200	(\$702,000)	(\$902,200)	-450.65%

# **DEPARTMENT OF HEALTH SERVICES**

## **AGENCY DESCRIPTION**

The department is headed by a secretary, who is appointed by the Governor with the advice and consent of the Senate. The department has six divisions and works in partnership with local governments, health and human services agencies, private providers, and concerned and affected citizens to achieve the following goals:

- Assure the health, safety, and well-being of Wisconsin citizens while emphasizing prevention.
- Make Wisconsin a national leader in reforming health care.
- Improve the lives of Wisconsin seniors and people with disabilities.
- Increase opportunities for children to grow up safe, healthy, and successful in strong families.
- Create a high-performing organization that is customer-focused and values our partners and employees.

## **MISSION**

The department's mission is to protect and promote the health and safety of the people of Wisconsin.

## **PROGRAMS, GOALS, OBJECTIVES AND ACTIVITIES**

### **Program 1: Public Health Services Planning, Regulation and Delivery**

Goal: Promote actions that improve and protect the health and well-being of the people in Wisconsin through programs which encourage positive and healthful lifestyles and identify preventive and remedial actions to eliminate, correct, and/or alleviate diseases and health hazards.

Objective/Activity: Reduce the percent of Wisconsin households that are food insecure.

Objective/Activity: Increase the percent of women receiving prenatal care in the first trimester.

Objective/Activity: Reduce hospitalizations by providing access to high quality primary and preventive care.

Objective/Activity: Reduce the rate of preventable hospitalizations due to diabetes.

Objective/Activity: Continue to rank well in the federal DHHS agency for Healthcare Research and Quality (AHRQ) composite state-level measure of health care quality.

Objective/Activity: Reduce adult and youth population smoking prevalence.

Objective/Activity: Reduce the percent of adults and children who are obese.

Objective/Activity: Reduce deaths and emergency department (ED) visits due to falls among the elderly.



Objective/Activity: Improve immunization completion rates for children.

Objective/Activity: Reduce the percent of Wisconsin children under age 6 with lead poisoning.

Objective/Activity: Significantly improve birth outcomes for African American infants.

Objective/Activity: Reduce the prevalence of self-rated fair or poor health among adults.

## **Program 2: Mental Health and Developmental Disabilities Services; Facilities**

Goal: Improve the lives of Wisconsin seniors and people with disabilities and ensure the quality of care and treatment in the mental health institutes, secure treatment facilities, and the State Centers for people with developmental disabilities.

Objective/Activity: Increase access for adults to community long-term care, so people with long-term care needs can live in their preferred settings.

## **Program 4: Health Care Access and Accountability**

Goal: Promote actions that improve and protect the health and well-being of the people in Wisconsin through access to quality health care and nutrition assistance programs and services.

Objective/Activity: Increase the number of adults and children with health insurance.

Objective/Activity: Increase the percent of Wisconsin children with access to dental care.

## **Program 5: Mental Health and Substance Abuse Services Planning, Regulation and Delivery**

Goal: Improve the lives of the people of Wisconsin by providing programs and initiatives that prevent, postpone or lessen dependence on mental health/substance abuse services.

Objective/Activity: Reduce alcohol abuse by adults and youth.

Objective/Activity: Reduce the percent of adults experiencing serious psychological distress.

## **Program 6: Quality Assurance Services Planning, Regulation and Delivery**

Goal: Assure the safety, welfare and quality of care of persons utilizing health, long-term care and community care provider services in Wisconsin.

Objective/Activity: Reduce the incidence of pressure ulcers among Wisconsin nursing home residents.

## **Program 7: Long-Term Care Services Administration and Delivery**

Goal: Ensure the quality of life of people with disabilities and seniors through programs that prevent or lessen the need for long-term support and provide options for community living and participation.

Objective/Activity: Increase access for adults to community long-term care.

Objective/Activity: Increase access for children to community long-term care.

## PERFORMANCE MEASURES

### 2009 – 13 GOALS AND ACTUALS

Prog. No.	Performance Measure	Performance Data		Future Goals		
		Actual 2009 (or most current available)	Actual 2010 (or est. if not available)	Goal 2011	Goal 2012	Goal 2013
4.	Percent of adults under age 65 with health insurance for at least part of a year.	91% (2008)	91% est.	98%	98%	98%
	Percent of children with health insurance for at least part of a year.	97% (2008)	98% est.	98%	98%	98%
1., 4.	Percent of Medicaid-eligible children receiving any dental service. <sup>1</sup>	31.4%	33.0% est.	35.0%	37.0%	39.0%
7.	Percent of individuals receiving publicly-funded long-term care who are in community settings. <sup>2</sup>	66%	67% est.	68%	72%	74%
7.	Adult waitlist for community-based long-term care. <sup>2</sup>	9,593	7,624 est.	3,738	1,235	560
7.	Children's waitlist for community-based long-term care. <sup>2</sup>	2,471	2,193 est.	1,941	2,000	2,000
5.	Percent of youth binge drinking.	25.2%	24.2% est.	24.0%	23.9%	23.8%
	Percent of adults binge drinking.	23.9%	23.8% est.	23.5%	23.0%	22.5%
5.	Percent of adults experiencing serious psychological distress.	11.13% (2006-07)	11.00% est.	10.90%	10.80%	10.70%
1.	Percent of women receiving prenatal care in the first trimester.	82.2% (2008)	82.2% est.	84%	84%	84%
1.	Rate of preventable hospitalizations per 1,000 population.	13.6 (2008)	13.3 est.	11.6	11.6	11.6
1.	Rate of preventable hospitalizations per 100,000 due to diabetes.	173 (2006)	170 est.	168	167	166
1.	Health care quality. (Ranking based on AHRQ composite state-level measure.)	Rank 2	Rank 2 est.	Rank in top 5	Rank in top 5	Rank in top 5
1.	Past adult smokers reporting currently smoking cigarettes (every day or some days). <sup>3</sup>	19.9% (2008)	18.0% est.	17.5%	17.0%	16.5%
	High school students reporting currently smoking cigarettes (on 1 or more of past 30 days). <sup>3</sup>	20.7% (2008)	17.7%	17.0%	16.5%	16.0%
	Middle school students reporting currently smoking cigarettes (on 1 or more of past 30 days). <sup>3</sup>	4.3 % (2008)	3.9%	3.0%	2.5%	2.0%
1.	Percent of adults who are obese.	29.2%	29.0% est.	28.5%	28.0%	27.5%
	Percent of high school youth who are obese.	9.3%	9.3% est.	8.0%	8.0%	7.5%
	Percent of children ages 2-4 enrolled in WIC who are obese.	13.7%	13.7% est.	13.0%	12.5%	12.0%

Prog. No.	Performance Measure	Performance Data		Future Goals		
		Actual 2009 (or most current available)	Actual 2010 (or est. if not available)	Goal 2011	Goal 2012	Goal 2013
1.	Percent of food insecure households.	10.1% (2006-08)	9.5% est.	9.0%	9.0%	9.0%
1., 7.	Age-adjusted rate of Emergency Department visits due to unintentional falls among the elderly per 100,000.	3,826.8 (2008)	3,830.0 est.	3,830.0	3,820.0	3,810.0
	Age-adjusted rate of deaths due to unintentional falls among the elderly per 100,000.	93.1 (2008)	93.0 est.	92.7	92.4	92.0
1.	Rate of 2-year olds with completed primary vaccinations. <sup>4</sup>	79.6% (2008)	77.7% est.	90.0%	90.0%	90.0%
1.	Percent of children under age 6 with lead poisoning.	1.5%	1.2% est.	1.0%	0.8%	0.7%
1.	African American infant mortality rate (deaths per 1,000 live births).	13.8 (2008)	13.0 est.	12.0	11.5	11.0
1.	Prevalence of self-rated "fair" or "poor" health among adults.	11.8%	12.0% est.	11.0%	11.0%	11.0%
6.	Incidence of pressure ulcers among nursing home residents.	2.68%	2.49% est.	2.24%	2.10%	2.00%

**Notes:** Est. indicates estimated data. Unless otherwise indicated, data is based on calendar year reporting. If CY 2009 data is not available, the most recent data available is reported in the 2009 column, and the reporting period is identified.

<sup>1</sup> Reporting is based on the federal fiscal year.

<sup>2</sup> These measures are based on December 31<sup>st</sup> point-in-time counts.

<sup>3</sup> The federal Centers for Disease Control and Prevention (CDC) has reported the incidence of adult smoking in Wisconsin for 2009, but this was based on a land line sample; they will be publishing revised findings soon based on a land line and cell phone sample. For this reason, 2008 data is reported as the most current available for 2009.

<sup>4</sup> This is based on the 4:3:1:3:3:1 series. Data is provided for 2008 but not for 2009. CY 2008 is the most recent calendar year for which data is available. Estimated data for CY 2010 is based on the 12-month period July 2008 through June 2009 and excludes the Hib vaccination due to the shortage which occurred December 2007 through July 2009.

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**Turnover Reduction  
(DIN 3001)**

This decision item removes 3% of permanent non-institution position salaries under the assumption that savings will result from position vacancies in appropriations with at least 50 FTE.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	(\$545,000)		(\$545,000)		(\$1,090,000)	
PR	(\$391,000)		(\$391,000)		(\$782,000)	
PRF	(\$1,152,600)		(\$1,152,600)		(\$2,305,200)	
SEG						
Total	(\$2,088,600)		(\$2,088,600)		(\$4,177,200)	

**Removal of Non-Continuing Elements from the Base  
(DIN 3002)**

This decision item removes from the base all non-continuing positions and dollars approved on a one-time basis. Non-continuing elements include project positions scheduled to end prior to January 1, 2012, and funding budgeted for specific one-time purposes.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	(\$280,500)		(\$280,500)		(\$561,000)	
PR	(\$252,100)		(\$252,100)		(\$504,200)	
PRF	(\$764,000)	(17.50)	(\$1,880,800)	(25.00)	(\$2,644,800)	(25.00)
SEG						
Total	(\$1,296,600)	(17.50)	(\$2,413,400)	(25.00)	(\$3,710,000)	(25.00)

**Full Funding of Continuing Position Salaries and Fringe Benefits  
(DIN 3003)**

This decision item increases or decreases adjusted base year salary and fringe benefit levels to documented actual levels. The new agency fringe rate is applied to the adjusted salary levels.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$16,072,200		\$16,072,200		\$32,144,400	
PR	\$2,553,000		\$2,553,000		\$5,106,000	
PRF	\$6,976,300		\$6,976,300		\$13,952,600	
SEG	\$18,700		\$18,700		\$37,400	
Total	\$25,620,200		\$25,620,200		\$51,240,400	

**Overtime  
(DIN 3007)**

This decision item requests funds for overtime costs for the Division of Mental Health and Substance Abuse Services' mental health institutions and secure treatment facilities, and the Division of Long Term Care centers for people with developmental disabilities.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$2,024,300		\$2,024,300		\$4,048,600	
PR	\$4,291,500		\$4,291,500		\$8,583,000	
PRF						
SEG						
Total	\$6,315,800		\$6,315,800		\$12,631,600	

**Night and Weekend Differential Pay  
(DIN 3008)**

This decision item adjusts for salary and fringe increments for employees entitled by contract to a wage premium. These increases cover holiday, night, nurse responsibility, weekend differential, specialty standby/on-call and permanent payments.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$1,992,600		\$2,024,400		\$4,017,000	
PR	\$2,527,500		\$2,527,500		\$5,055,000	
PRF	\$105,600		\$105,600		\$211,200	
SEG						
Total	\$4,625,700		\$4,657,500		\$9,283,200	

**Full Funding of Lease and Directed Moves Costs  
(DIN 3010)**

This decision item requests funding to cover actual rent increases approved in the first year of the current biennium, for which additional funds are needed to fully cover these increases on an annualized (12 month) basis.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$189,100		\$189,100		\$378,200	
PR	\$126,400		\$126,400		\$252,800	
PRF	\$97,300		\$97,300		\$194,600	
SEG	\$900		\$900		\$1,800	
Total	\$413,700		\$413,700		\$827,400	



**Minor Transfers Within the Same Alpha Appropriation  
(DIN 3011)**

This decision item requests minor transfers of funds and/or positions within the same alpha appropriation and within base funding and position levels.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
PR						
PRF						
SEG						
Total						

**Food Re-Estimate  
(DIN 4502)**

The Department requests (\$141,700) GPR and (\$325,700) PR in FY12 and (\$74,600) GPR and (\$301,800) PR in FY13 to fund food services costs for the facilities administered by the Division of Mental Health and Substance Abuse Services and the Division of Long Term Care. These facilities include Mendota and Winnebago Mental Health Institutes, the Wisconsin Resource Center, Sand Ridge Secure Treatment Center, and Central, Northern and Southern Centers for People with Developmental Disabilities.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	(\$141,700)		(\$74,600)		(\$216,300)	
PR	(\$325,700)		(\$301,800)		(\$627,500)	
PRF						
SEG						
Total	(\$467,400)		(\$376,400)		(\$843,800)	

**Variable Non-Food Re-Estimate  
(DIN 4515)**

The Department requests \$517,900 GPR and (\$2,214,000) PR in FY12 and \$2,389,000 GPR and (\$2,037,100) PR in FY13 to fund the increased cost of variable non-food expenditures for the Mental Health Institutes, the Wisconsin Resource Center, Sand Ridge Secure Treatment Center and the Centers for People with Developmental Disabilities. These expenditures are directly related to the average daily population and include medical services and supplies, drugs, clothing, and other supplies.

The GPR portion of this request reflects the significant increases in drug costs that have been experienced at these facilities in recent years and that are expected to continue in the 2011-13 biennium. Medical services costs are also increasing as the Department's facilities provide services to individuals with significant medical needs as well as an aging population. Medical services include such items as hospitalization, diagnostic testing and outpatient medical visits. The decrease in Program Revenue authority primarily reflects lower projected civilly committed populations at the Mental Health Institutes.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$517,900		\$2,389,000		\$2,906,900	
PR	(\$2,214,000)		(\$2,037,100)		(\$4,251,100)	
PRF						
SEG						
Total	(\$1,696,100)		\$351,900		(\$1,344,200)	

**PR/PRS Re-Estimate  
(DIN 4550)**

The Department requests adjustments in PR/PR-S appropriations to reflect current projections of program costs.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
PR	\$8,606,000		\$9,556,300		\$18,162,300	
PRF						
SEG						
Total	\$8,606,000		\$9,556,300		\$18,162,300	

**FED Re-Estimate  
DIN 4555)**

The Department requests adjustments in FED appropriations to reflect current projections of program costs.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
PR						
PRF	\$39,231,800		\$40,661,500		\$79,893,360	
SEG						
Total	\$39,231,800		\$40,661,500		\$79,893,360	

**Wisconsin Resource Center Female Treatment Unit  
(DIN 5200)**

The Department requests \$1,051,500 GPR in FY12 and \$849,900 GPR in FY13 to fully fund the Wisconsin Resource Center Female Treatment Unit located in Winnebago, WI. The facility will treat Department of Corrections female inmates who have severe mental illness. The facility was authorized in 2007 Wisconsin Act 20, the 2007-09 biennial budget, and is scheduled to open in September 2011.

The Department requests full funding for non-salary costs for positions provided in the 2009-11 biennial budget. In addition, the Department requests to restore GPR funds for one-time costs that will not be spent in FY11 due to a delay in the opening of the facility from FY11 to FY12 and for costs associated with fuel and utilities, repair and maintenance, and estimated overtime in the upcoming biennium.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$1,051,500		\$849,900		\$1,901,400	
PR						
PRF						
SEG						
Total	\$1,051,500		\$849,900		\$1,901,400	

### **Conditional Release and Supervised Release Re-Estimate (DIN 5201)**

The Department requests a decrease of (\$10,200) GPR in FY12 and an increase of \$526,000 GPR in FY13 based on a re-estimate of costs for outpatient competency examinations, conditional and supervised release, and treatment to competency programs for the 2011-13 biennium.

The Department performs competency-to-stand trial examinations for criminal defendants referred by the court on an inpatient or outpatient basis. Inpatient examinations are conducted by Department staff in one of the state mental health institutes (MHI). The Department contracts with a private provider to conduct outpatient competency examinations in a jail or locked unit of a facility. The Supervised Release program provides treatment to individuals determined to be Sexually Violent Persons (SVPs) under Chapter 980 of the statutes and who have been released by the courts under the supervision of the Department. The Conditional Release program provides treatment to individuals who have been conditionally released from one of the MHIs. The Treatment to Competency Program provides treatment to competency services to individuals who would otherwise receive inpatient treatment at a MHI. The Department contracts with a private provider to provide treatment to competency services in the community. The Department's request is based on a re-estimate of caseload and service costs in each program.

#### **Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	(\$10,200)		\$526,000		\$515,800	
PR						
PRF						
SEG						
Total	(\$10,200)		\$526,000		\$515,800	

### **Mental Health Institutes Funding Split (DIN 5202)**

The Department requests \$11,077,700 GPR and 116.53 GPR FTE and (\$11,077,700) PR and (116.53) PR FTE in FY12 and \$11,077,700 GPR and 116.53 GPR FTE and (\$11,077,700) PR and (116.53) PR FTE in FY13 as a result of the re-estimate of the GPR/PR funding split at the Mendota and Winnebago Mental Health Institutes to reflect changes in their patient populations.

The cost of care for forensic commitments is the responsibility of the state and is funded with GPR. The cost of care for civil commitments and voluntarily committed patients is the responsibility of boards established under s. 51.42 and other third-party payers and is funded with program revenue (PR) received from these payers. This request updates the current budgeted GPR/PR split to reflect the most recent patient population information. The split calculation is based on actual billable (PR) and non-billable (GPR) populations, adjusted for anticipated population changes, which is consistent with methodologies used in previous

biennia. The new splits will be 86% GPR/14% PR at Mendota and 66% GPR/34% PR at Winnebago for both years of the 2011-13 biennium

### Fiscal Effect Summary

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$11,077,700	116.53	\$11,077,700	116.53	\$22,155,400	116.53
PR	(\$11,077,700)	(116.53)	(\$11,077,700)	(116.53)	(\$22,155,400)	(116.53)
PRF						
SEG						
Total	\$ -	-	\$ -	-	\$ -	-

### Shared Services (DIN 5203)

The Department requests the conversion of 0.05 FTE from GPR to PR and line transfers with current institutional appropriations in both years of the biennium to appropriately fund the Division of Mental Health and Substance Abuse Services (DMHSAS) and the Division of Long Term Care (DLTC) positions providing services for the institutions, such as building and grounds and business office positions. Positions on the Madison campus perform services for Mendota Mental Health Institute (MMHI) and Central Wisconsin Center (CWC). Positions on the Oshkosh campus perform services for Winnebago Mental Health Institute (WMHI) and the Wisconsin Resource Center (WRC). This decision item adjusts the direct funding of shared services positions to reflect actual tasks performed and streamlines administrative work by avoiding the need to chargeback costs between facilities.

### Fiscal Effect Summary

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR		(0.05)		(0.05)		(0.05)
PR		0.05		0.05		0.05
PRF						
SEG						
Total		-		-		-

**Mendota Juvenile Treatment Center  
(DIN 5204)**

The Department requests statutory changes and \$200,200 PR in FY12 and \$273,500 PR in FY13 for the cost of care of juveniles in Mendota Juvenile Treatment Center (MJTC).

Total costs of MJTC are re-estimated every biennium to take into account changes in average staff salaries and fringe costs. The amount specified in statutes under s. 46.057(2) must be changed to reflect the new re-estimate. MJTC costs are funded by a mix of GPR, which is part of the Department of Corrections (DOC) base budget, and program revenue, which is revenue from the youth correctional rate charged to counties

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
PR	\$200,200		\$273,500		\$473,700	
PRF						
SEG						
Total	\$200,200		\$273,500		\$473,700	

**Southern Wisconsin Center Re-estimate  
(DIN 5205)**

The Department requests an increase of \$7,991,400 PR and 105.41 FTE PR in FY12 and \$7,904,100 PR and 103.65 FTE PR in FY13 to reflect the fact that Southern Wisconsin Center for People with Developmental Disabilities will place fewer individuals to the community than was assumed in 2009 Act 28, the 2009-11 Biennial Budget. Act 28 included a restructuring of services at Southern Center. The budget projected that 70 individuals would voluntarily relocate from the long term care program to the community in the biennium and the short term Intensive Treatment Program would increase to 30 beds. The budget deleted 120.10 FTE to reflect these changes. The Medicaid program funds services to individuals both at the Center and the community.

It is projected that 11 community relocations will actually occur by the end of FY11. As a result, the Department requests restoration of 105.41 FTE in FY12 and 103.65 FTE in FY13 along with corresponding program revenue spending authority to reflect the lower number of placements. The increased spending authority reflects higher than budgeted Medicaid reimbursements to the Center; expenditures for Medicaid community services will be lower than anticipated in Act 28. Therefore, this re-estimate has no net impact on the Medicaid program.

### Fiscal Effect Summary

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
PR	\$7,991,400	105.41	\$7,904,100	103.65	\$15,895,500	103.65
PRF						
SEG						
Total	\$7,991,400	105.41	\$7,904,100	103.65	\$15,895,500	103.65

### Wisconsin Resource Center Unit Vacancies (DIN 5206)

The Department requests a reduction of (\$4,833,300) GPR in FY12 and (\$5,800,000) GPR in FY13 to reflect projected salary savings resulting from vacant treatment units for sexually violent persons (SVP).

The 2007-09 biennial budget provided the Department with funding and positions to staff 4 units to treat SVPs at the Sand Ridge Secure Treatment Center (SRSTC). Since then, the SVP population has grown more slowly than projected. As a result, SRSTC has 4 empty SVP housing units (96 beds operating capacity) with 91.10 GPR budgeted vacant FTE. Currently, the Wisconsin Resource Center (WRC) has 3 staffed units (95.25 GPR FTE) housing a total of 87 SVPs. Over the next year, the Department plans to transition the 87 individuals from WRC to SRSTC to consolidate the SVP treatment program into one location. The transition will coincide with the opening of the new WRC Female Treatment Unit.

With the closing of these units at WRC, the Department is able to reduce its salary and fringe budget for WRC.

### Fiscal Effect Summary

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	(\$4,833,300)		(\$5,800,000)		(\$10,633,300)	
PR						
PRF						
SEG						
Total	(\$4,833,300)		(\$5,800,000)		(\$10,633,300)	

### **Eliminate Pharmacy RFP Language (DIN 5210)**

The Department requests a statutory language change to eliminate the provision that requires DHS to issue a request for proposals (RFP) “to provide pharmacy management services for all state treatment facilities.” This one-time provision was included in the regular statutes under s. 51.03 (6). The RFP process will be completed by the end of CY 2010, which makes the statutory provision obsolete. The provision should therefore be removed from the statutes.

### **Change Institutions Program Revenue Appropriation from Annual to Continuing (DIN 5211)**

The Department requests to convert its principal program revenue facilities appropriation, s. 20.435(2)(gk), from an annual appropriation to a continuing appropriation. This appropriation is the primary operational program revenue appropriation for the Mental Health Institutes (MHI) as well as the Centers for People with Developmental Disabilities (DD Centers). The Department’s MHIs are mental health hospitals that provide mental health services to civilly committed and forensic patients. The DD Centers provide residential, medical, clinical, education, training and rehabilitative services to citizens with developmental disabilities living in Wisconsin to support their needs in the most integrated and least restrictive setting.

The sources of revenue for s. 20.435(2)(gk) are payments from counties for the cost of care of individuals who are committed under civil admissions statutes to the MHIs, Medicaid and Medicare reimbursement for individuals at both the MHIs and the State DD Centers, and payments from third-party payors such as private insurance providers. The Department uses these revenues to cover the costs of treating individuals at the facilities. This change would allow the Department to adjust expenditure authority levels up to actual revenues received with Department of Administration approval, enabling the Department to respond more quickly to changing care needs at the facilities.



### **Medicaid Base Re-Estimate: Caseload and Intensity (DIN 5400)**

The Department requests an increase of \$60,976,900 GPR, \$2,916,900 PR, \$1,014,414,300 FED and \$53,115,900 SEG in FY12 and an increase of \$149,539,500 GPR, \$1,187,010,500 FED, \$39,163,700 SEG and a reduction of (\$1,875,800) PR in FY13 to fund the ongoing cost for the Medicaid program. Total Medicaid expenditures are projected to be \$7,755,886,700 AF (\$1,941,260,100 GPR, \$917,734,100 SEG, \$143,513,900 PR and \$4,753,378,600 FED) in FY12 and \$7,998,300,600 AF (\$2,085,611,700 GPR, \$903,781,900 SEG, \$138,721,200 PR, and \$4,870,185,800 FED) in FY13.

The amounts above do not incorporate the impact of expected decreases in the state's actual federal Medicaid matching rate in 2011-13. In order to isolate the impact of intensity and caseload changes, the GPR impact of expected declines in the federal matching rate are covered in a separate request, titled DIN 5402, "Replacement of Enhanced ARRA Matching Fund for Medicaid." The declines in the federal matching rate and the corresponding large impacts on federal funding would make it difficult to portray the actual program trends in Medicaid. GPR funding of \$338,416,400 in FY12 and \$394,205,400 in FY13 will be needed to replace the lost of federal funds due to declining federal matching rates.

This request reflects the cost to fund the Medicaid and BadgerCare Plus (BC Plus) program in the absence of any program changes other than changes in the federal matching rate. Factors such as changes in caseloads and utilization of services under current benefit levels and eligibility standards are included in this request.

This base re-estimate also includes the impact of previously enacted program changes that have not yet been fully phased-in. The most significant example of this is the continued expansion of Family Care for counties that will have implemented a Family Care Managed Care Organization (MCO) before June 30, 2011. New Family Care counties must phase-in persons on the long term care waiting list over a 36 month period to full entitlement. In 2011-13, most counties will still be transitioning to full entitlement, and this will increase costs for the Medicaid program.

It is expected that 15 counties will not have implemented an MCO by June 30, 2011. The cost to expand Family Care to these remaining counties is requested in a separate request titled DIN 5711, "Family Care Expansion."

A second program that is in the process of expanding is the Basic Plan for adults without children who are on the waiting list for the Childless Adult Program (Core Plan). The Basic Plan began in July 2010 and has an enrollment of 3,500 in mid-September 2010. It is expected that this enrollment will continue to grow, but the program is designed to be self-supporting through premiums on participants, and is not projected to have any impact on GPR funding.

The Department is projecting the elderly, blind and disabled caseload will increase 2.7% in FY11, 1.1% in FY12 and 1.0% in FY13. The BadgerCare Plus group (children, parents, caretakers and pregnant women) is projected to increase 3.5% in FY 11, but is then projected to decline by 5.3% in FY12 and 6.7% in FY13 in conjunction with projected improvements in the economy. Given the large past caseload increases due to the severe recession, it is expected that an improving economy will result in declines in the number of persons in the BadgerCare Plus population. The latest economic outlook published by the Department of Revenue forecasts a decline in the unemployment rate from 8.4% in CY 2010 to 6.3% in CY 2013. Since

the BadgerCare Plus Core Plan for adults without dependent children is currently closed to new enrollments and is at the maximum level to stay within the federally imposed budget neutrality limit, it is projected that enrollment in the Core Plan will remain constant at approximately 50,000 persons in 2011-13. The net effect of increases in elderly, blind and disabled caseload and declines in BC Plus groups is projected to reduce expenditures by approximately \$59,916,000 AF (\$18,724,000 GPR) in FY12 and \$129,771,000 AF (40,554,000 GPR) in FY13.

An important factor that increases expenditures in the re-estimate is a projected increase in the hospital assessment to correspond with a projected increase in the Medicare Upper Limit (MUL) that would allow greater maximization of federal funding through the combination of a higher assessment and higher Medicaid payments to hospitals. It is projected that the MUL limit would allow a hospital assessment payment increase of \$100 million AF with a corresponding assessment increase of approximately \$62 million.

Another significant factor for higher expenditures is that twelve capitation payments will be funded in each year of the 2011-13 biennium compared to eleven capitation payments in FY11 due to the planned reschedule of the May 2011 capitation payment to July 2011. This increases annual expenditures by approximately \$127,000,000 AF (\$44,000,000 GPR) compared to FY 11. SEG revenues other than the hospital assessment are expected to be flat or decline slightly.

Typically, increased drug utilization and costs are a major contributor to increasing expenditures, but the impact of the Department's Medicaid Rate Reform initiatives and the movement of a number of brand name drugs off patent has lead to small projected increases in drug intensity.

As has been true in past biennial budgets, federally qualified health centers (FQHC), personal care and premiums for Medicare are projected to have significant increases in cost/utilization per enrollee. FQHC utilization has been increasing, and FQHCs are reimbursed on a cost basis for services to Medicaid recipients.

Intensity changes in utilization of services affect managed care as well as the fee-for-service system under Medicaid. Federal regulations require that capitation rates are actuarially sound. The reestimate assumes that future managed care utilization trends will be flat in the case of low-income family managed care programs and increase slightly in the case of long term care managed care programs.

The Department's proposal for identifying ongoing savings and efficiencies in the Medicaid program are described in DIN 5418, "Medicaid Rate Reform 3.0."

## Fiscal Effect Summary

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$60,976,900		\$149,539,500		\$210,516,400	
PR	\$2,916,900		(\$1,875,800)		\$1,041,100	
PRF	\$1,014,414,300		\$1,187,010,500		\$2,201,424,800	
SEG	\$53,115,900		\$39,163,700		\$92,279,600	
Total	\$1,131,424,000		\$1,373,837,900		\$2,505,261,900	

### SeniorCare Re-Estimate (DIN 5401)

The Department requests a decrease of (\$6,406,800) GPR, (\$4,712,400) FED and (\$755,300) PR in FY12 and a decrease of (\$3,539,800) GPR, (\$2,298,100) FED, and an increase of \$3,611,800 PR in FY13 to fund the ongoing costs of the SeniorCare program.

SeniorCare provides prescription drug assistance to Wisconsin residents over 65 years of age whose income does not exceed 240% of the Federal Poverty Level (FPL) and to those whose income exceeds 240% of the FPL if their prescription drug expenditures bring their net income below the 240% limit (termed spenddown). Participants in SeniorCare are required to pay an annual \$30 enrollment fee and co-payments of \$15 for each name brand drug and \$5 for each generic drug. Also, participants with incomes over 160% of the FPL are subject to a deductible of \$500 (for those between 160% to 200% of the FPL) or \$850 (200% to 240% of the FPL) before SeniorCare will reimburse a participant's prescription drug expenditures.

Expenditures for the SeniorCare program declined by \$10 million (8.07 %) in FY10 compared to FY09. This is due to two factors. First, the average state paid amount per enrollee declined by 11.9%. It is likely that this decline reflects a continued increasing utilization of Medicare Part D by SeniorCare participants. For persons eligible for the low income subsidy program under Medicare, copayments will be lower in Part D compared to SeniorCare.

A second factor is the increase in rebates. In FY10, rebates averaged 55% of net prescription costs (costs after recipient cost sharing) compared to 43% in FY09, which represented a 28% increase in rebate collections. The higher rate is in part due to lagging rebates for periods when drug claims were higher. Also, there was an abnormal lag in recording rebates at the end of FY09 which helped to increase rebates in FY10. The 55% rate is not expected to continue. The Department projects a rebate percentage of 43% for the 2011-13 biennium.

In addition, drug inflation and utilization have been more moderate compared to past periods which has not only benefited SeniorCare but also Medicaid prescription costs. In the past, drug inflation and utilization increases have averaged 13% annually, but between FY08 and FY10 it has only averaged 5% per year in the SeniorCare program.

As the experience with SeniorCare and Part D stabilizes, the rate at which seniors might shift to Medicare Part D should decline. It is projected that the shift to increased utilization of Medicare Part D will continue in FY11, but will end by the start of the 2011-13 biennium, so that average

state expenditures per enrollee will begin increasing by 7% per year. The 7% is higher than the average 5% increase in gross prescription costs because the amount of cost sharing (copays and deductibles) is fixed. This will result in higher growth rate for state costs than the gross cost increase.

Since SeniorCare enrollment increased during FY10, it is projected that SeniorCare enrollment will grow in FY11 and the 2011-13 biennium by an annual rate of 2%, which is close to the growth rate of the population over 65 in the state.

Wisconsin's federal reimbursement rate for Medicaid is projected to decrease from 68.74% in FY11 to 65.05% in FY12 and 64.17% in FY13. These declines will increase GPR costs by \$1.8 million in FY12 and \$2.3 million in FY13. See the request titled DIN 5402, "Replacement of Enhanced ARRA Funds for Medicaid" for more details on the projection of the federal reimbursement rate.

It is projected that SeniorCare expenditures will total \$107,661,000 AF (\$26,719,000 GPR, \$32,211,800 FED and \$48,730,100 PR) in FY12 and \$117,309,300 AF (\$29,586,000 GPR, \$34,626,100 FED and \$53,097,200 PR) in FY13.

### **Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	(\$6,406,800)		(\$3,539,800)		(\$9,946,600)	
PR	(\$755,300)		\$3,611,800		\$2,856,500	
PRF	(\$4,712,400)		(\$2,298,100)		(\$7,010,500)	
SEG						
Total	(\$11,874,500)		(\$2,226,100)		(\$14,100,600)	

### **Replacement of Enhanced ARRA Matching Funds for Medicaid (DIN 5402)**

The Department requests an increase of \$338,416,400 GPR and a decrease of (\$338,416,400) FED in FY12 and an increase of \$394,205,400 GPR and a decrease of (\$394,205,400) FED in FY13 to adjust for a declining federal matching rate for Medicaid. In FY 11, Wisconsin benefited from an enhanced federal matching rate that averaged 68.75%. Under the American Recovery and Reinvestment Act of 2009 (ARRA), Congress provided an enhanced federal matching rate to all states for the period of October 1, 2008 to December 31, 2010. The funding was intended to help states with recession-driven Medicaid enrollment growth and to help stabilize overall state budgets as tax revenues shrank during the weak economy. This additional funding reduced the GPR needed for the Medicaid program, thereby helping to avoid severe cuts in funding to local schools, the University of Wisconsin and technical college systems, law enforcement, local governments and other vital programs. The formula under ARRA provided a fixed increase of 6.2% to a state's matching rate as well an additional increase based on the increase in the state's unemployment rate. Subsequent federal legislation extended the ARRA enhanced matching rate at a lower level for the period of January 1, 2011 to June 30, 2011.

The fixed increase component was reduced from 6.2% to 1.2%, but the other components, including the component based on unemployment rate increase were retained.

State government finances nationwide are expected to lag the overall economic recovery. It appears likely that Congress will decide to take further steps to help preserve eligibility and benefits for existing populations and keep Medicaid programs strong heading into implementation of national health care reform in 2014. This request anticipates that Congress will work cooperatively with states to provide some level of additional support in the coming biennium. For purposes of this request, it was assumed that the support would be similar to the current enhanced matching rate with the lower 1.2% fixed component and a continuation of the unemployment component until June 30, 2013. Under this assumption, it is projected that the federal matching rate will fall from an average of 68.75% in FY11 to 65.05% in FY12 and 64.17% in FY13. It is projected that the unemployment rate will decline to 6.3% in 2013 which will result in a declining unemployment adjustment in the state's federal matching rate.

### **Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$338,416,400		\$394,205,400		\$732,621,800	
PR						
PRF	(\$338,416,400)		(\$394,205,400)		(\$732,621,800)	
SEG						
Total	\$ -		\$ -		\$ -	

### **Medicaid and FoodShare Administration Base Re-Estimate (DIN 5403)**

The Department requests a decrease of (\$4,284,800) FED in FY12 and (\$7,247,100) FED in FY13 for increased costs in the administration of the Medicaid, BadgerCare Plus, and FoodShare programs in combination with savings from the Medicaid benefits from new Medicaid Rate Reform initiatives.

The re-estimate of administrative costs includes the cost to continue for current programs, statewide enrollment services for adults without dependent children, federally required modifications to the Medicaid payment system, and ongoing Rate Reform efforts. Increased funding is needed due to significant increases in caseload in the Medicaid and FoodShare programs. In particular, the Department has established a centralized statewide enrollment center for adults without dependent children to provide a more efficient enrollment process and to avoid placing additional workload on county and tribal income maintenance programs. The implementation of the enrollment services center also resulted in a shift of responsibility for FoodShare eligibility for this group from county and tribal income maintenance agencies to the Department.

Federally required modifications to the Medicaid payment system include revisions to the system to comply with Health Information Portability and Accountability Act requirements and American Recovery and Reinvestment Act modifications to provide incentives to eligible health

care providers and hospitals for the adoption and “meaningful use” of Health Information Technology. These federally required projects receive 90 percent federal funding, and the activities will primarily occur in FY12.

The Department requests resources necessary to continue Medicaid Rate Reform efforts begun in the 2009-11 biennium. The Rate Reform project was launched by the Department to achieve significant savings in the Medicaid program while also improving health outcomes and overall program efficiency. The Department will pursue additional Medicaid benefits Rate Reform initiatives to create a \$61,211,700 AF (\$21,393,500 GPR) savings in SFY 12 and \$59,517,200 AF (\$21,325,000 GPR) savings in SFY 13, to offset administrative increases.

### **Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
PR						
PRF	(\$4,284,800)		(\$7,247,100)		(\$11,531,900)	
SEG						
Total	(\$4,284,800)		(\$7,247,100)		(\$11,531,900)	

### **SSI State Supplement and Caretaker Supplement Re-Estimate (DIN 5410)**

The Department requests an increase of \$2,226,400 GPR and \$1,207,000 PR in FY12 and \$4,638,800 GPR and \$1,207,000 PR in FY13 to fund projected SSI State Supplement and Caretaker Supplement expenditures in the next biennium. The source of the PR funding is federal TANF funds transferred from the Department of Children and Families.

The SSI State Supplement program, funded with GPR, provides a cash benefit to low income seniors and adults and children with disabilities. The TANF-funded Caretaker Supplement program provides a cash benefit to SSI recipients who have dependent children. The requested funding for SSI benefits assumes expenditures will grow based on the historical trend since 2000, which is approximately 1.7% per year.

Caretaker Supplement benefit costs are projected to remain steady in FY12 and FY13 at FY11 actual levels. Benefit expenditures have declined for several years before increasing in FY10 due to the weak economy. In addition, a statutory change that took effect in January 2010 now excludes child support income that was previously attributed to the child for eligibility purposes, which will more children eligible. For these reasons, expenditures are not expected to decline in the 2011-13 biennium.

### Fiscal Effect Summary

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$2,226,400		\$4,638,800		\$6,865,200	
PR	\$1,207,000		\$1,207,000		\$2,414,000	
PRF						
SEG						
Total	\$3,433,400		\$5,845,800		\$9,279,200	

### Disease Aids Re-Estimate (DIN 5414)

The Department requests (\$25,700) GPR in FY12 and \$438,400 GPR in FY13 to fund the projected costs of the Wisconsin Chronic Disease Program (WCDP), also known as the Disease Aids program.

WCDP provides payments to health care providers for disease-related services for individuals with chronic renal disease, adult cystic fibrosis and hemophilia. Disease Aids is the payer of last resort for these programs. This re-estimate incorporates projected increases in health care costs based on recent trends in the Disease Aids program. The re-estimate also projects an increase in required drug manufacturer rebates based on the most recent actual experience.

### Fiscal Effect Summary

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	(\$25,700)		\$438,400		\$412,700	
PR						
PRF						
SEG						
Total	(\$25,700)		\$438,400		\$412,700	

### **WIMCR Simplification (DIN 5415)**

The Department requests a decrease of (\$7,397,700) GPR and an increase of \$5,954,200 SEG in FY12 and a decrease of (\$9,134,500) GPR and an increase of \$25,675,100 SEG in FY13 along with statutory changes to streamline the process for claiming federal Medicaid funding under the Wisconsin Medicaid Cost Reporting (WIMCR) program. Counties are initially reimbursed for Medicaid services they provide at the basic Medicaid rate. Through the WIMCR program, counties report to the Department their actual costs for providing those services. The Department then makes a Medicaid payment adjustment to each county equal to the difference between their actual service cost and the basic Medicaid rate. In turn, the Department reduces the county's Community Aids allocation by a corresponding amount. Because the Medicaid payment adjustment is funded with 60% federal funding and the Community Aids reductions are 100% GPR, the transactions result in a net GPR gain. The Department shares a portion of the gain with counties by reducing Community Aids by less than the Medicaid payment adjustment. Currently, counties receive \$19,250,000 of the approximately \$33 million annual gain in the program.

Effective with CY12 dates of service, the Department proposes to convert to a "certified public expenditures" method for claiming federal funds under WIMCR. The Department would base its claims on counties' certified cost reports. This approach would eliminate the need for Medicaid payment adjustments to counties and subsequent Community Aids contract adjustments. The Department would pass through to counties 58% of the federal funds claimed, which is equal to the portion of the gain they receive under the current program. The new method will allow the Department to accelerate claiming in FY13, resulting in a net savings to the Medicaid program.

#### **Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	(\$7,397,700)		(\$9,134,500)		(\$16,532,200)	
PR						
PRF						
SEG	\$5,954,200		\$25,675,100		\$31,629,300	
Total	(\$1,443,500)		\$16,540,600		\$15,097,100	

### **Medicaid Rate Reform 3.0 (DIN 5418)**

The Department requests a decrease of (\$145,000,000) GPR in FY12 and a decrease of (\$155,000,000) GPR in FY13 to reflect targeted savings as a result of continuing initiatives to achieve savings in the Medicaid Program. In the 2009-11 biennium, the Department achieved significant savings in its Rate Reform 1.0 and 2.0 efforts, and will continue those efforts in 2011-13. Medicaid Rate Reform 1.0 and 2.0, were multi-month processes that engaged almost 200 different stakeholders representing virtually all Medicaid stakeholders. The Department held over 30 hours of meetings to brainstorm and discuss possible reform initiatives and considered over 500 ideas. The goal of this process was to develop a consensus plan for how to save



more than \$600 million All Funds over a two year period in a way that improved program efficiencies, increased revenues, and improve care outcomes.

DHS proposes continuing to work with providers and other stakeholders, to find additional creative ideas to improve the program in the coming biennium. One idea that should be considered is an all provider assessment, a concept has been in place in Minnesota since 1993. It would further broaden the revenue base for the program and build on the success of the hospital assessment, which has resulted in substantial revenue increases to providers and GPR savings to the state. It is also important that Family Care continue to be part of Rate Reform efforts, as long term care services now comprise 45% of total Medicaid expenses. The state should continue the successful statewide expansion of Family Care in a way that is consistent with the state's fiscal situation. In addition, the Department will pursue federal reimbursement of past Medicaid expenditures because of individuals being incorrectly denied eligibility for Medicare over the past several years. It is estimated that this overpayment by Medicaid totaled approximately \$51 million.

### **Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	(\$145,000,000)		(\$155,000,000)		(\$300,000,000)	
PR						
PRF						
SEG						
Total	(\$145,000,000)		(\$155,000,000)		(\$300,000,000)	

### **Funeral and Cemetery Aids and State Funded FoodShare Benefits Re-Estimate (DIN 5440)**

The Department requests \$3,897,000 GPR in FY12 and \$4,043,800 GPR in FY13 to fund the Wisconsin Funeral and Cemetery Aids Program and \$1,979,200 GPR in FY12 and \$2,582,200 GPR in FY13 for FoodShare benefits for qualified aliens to address rising service demands in each program. The Department requests a transfer of existing funding for the programs from the income maintenance appropriation under s. 20.435 (4)(bn) to newly created biennial appropriations designated for each program. These actions will stabilize funding designated for income maintenance activities and will prevent reductions to payments to counties and tribes for income maintenance activities.

Under current law, the Department must provide reimbursement for services to all eligible individuals in both programs. In FY10, Wisconsin Funeral and Cemetery Aids expenditures totaled \$7,843,400 GPR and exceeded the amount budgeted for this purpose in the income maintenance appropriation by \$3,293,200 GPR. Expenditures for FoodShare benefits for qualified aliens totaled \$1,452,000 GPR in FY10 and exceeded the amount budgeted in the appropriation by \$1,072,000 GPR. Both programs are expected to grow further in the coming biennium.

## Fiscal Effect Summary

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$5,876,200		\$6,626,000		\$12,502,200	
PR						
PRF						
SEG						
Total	\$5,876,200		\$6,626,000		\$12,502,200	

### Appropriation (4)(b) Technical Change (DIN 5450)

The Department requests a technical statutory change to the Medicaid GPR benefits appropriation under s. 20.435(4)(b) to codify the current practice of recording third party reimbursements and other collections in the Medicaid program as credits to GPR expenditures in the appropriation.

### Brighter Futures Funding Transfer (DIN 5501)

The Department requests statutory language and the transfer of \$865,000 GPR per year from the Department of Children and Families (DCF) to the Department of Health Services (DHS). The changes are requested to budget Brighter Futures Initiative (BFI) GPR funding in DHS rather than DCF. The language would require DHS to transfer the GPR funding to DCF for BFI each year. The Department requests the statutory change to comply with federal Substance Abuse, Prevention and Treatment Block Grant (SAPTBG) maintenance of effort requirements. The transfer of funding would reduce the administrative burden for both departments.

2007 Wisconsin Act 20 (the 2007-09 Budget) created the Department of Children and Families. The budget transferred several DHS programs to DCF, including BFI, which promotes positive outcomes among youth. The budget transferred \$1,729,900 GPR funds per year to DCF for BFI. DHS counts approximately 50% (or \$865,000) of BFI GPR dollars as maintenance of effort expenditures for the SAPTBG in DHS. The federal government has begun to require that the funds be initially budgeted in DHS in order to count towards the maintenance of effort requirement. The other 50% of GPR is used for TANF MOE expenditures in DCF.

## Fiscal Effect Summary

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$865,000		\$865,000		\$1,730,000	
PR						
PRF						
SEG						
Total	\$865,000		\$865,000		\$1,730,000	

### Community Recovery Services (1915i Waiver) (DIN 5511)

The Department requests a statutory language change to allow counties to spend GPR under appropriation s. 20.435 (bL) as match for Medicaid Community Recovery Services (CRS), in addition to other community mental health services such as Crisis Intervention and Community Support Programs. 2009 Wisconsin Act 28 created the CRS program as a county matched Medicaid service, authorized under section 1915(i) of the federal Social Security Act. CRS funds psychosocial rehabilitation services, including community living support services, supported employment services and peer support services for people with mental illness. The change would give counties more flexibility in identifying match funds for the CRS program.

### Gifts and Grants Appropriation Technical Change (DIN 5512)

The Department requests the appropriation designation for s. 20.435(5)(i), Gifts and Grants, be changed from an Aids to Individuals appropriation to a State Operations appropriation. In 2009 Wisconsin Act 28, the Department of Health and Family Services was changed to the Department of Health Services and several of its divisions were reorganized to reflect this new organizational structure. The base reorganization was approved in the 2009-11 biennial budget. The reorganization intended to make a change in the designation of s. 20.435(5)(i), Gifts and Grants, from an Aids to Individuals appropriation to a State Operations appropriation.

## **Family Care Expansion (DIN 5711)**

The Department requests a decrease of (\$8,886,600) GPR, (\$145,600) FED and an increase of \$3,735,700 PR in FY12 and a decrease of (\$10,229,400) GPR and an increase of \$27,719,600 PR and \$11,356,100 FED in FY13 to support the continuation of statewide Family Care expansion. This request anticipates that by the end of the 2011-13 biennium, Family Care would be implemented in all counties of the state.

Family Care is a managed care long-term care program that offers seniors and people with disabilities the choice to receive long-term care in their own homes and communities in addition to nursing home care. Family Care has two major organizational components: (1) aging and disability resource centers (ADRCs), which provide a central resource for information, assistance, eligibility determinations, benefits counseling, and other services relating to long-term care for elders and people with disabilities, and (2) managed care organizations (MCOs), which manage and deliver long-term care services as a flexible benefit, tailored to each individual's needs, circumstances, and preferences.

In the 2007-09 biennial budget, the Department received funding to begin statewide expansion of the program, and the 2009-11 biennial budget continued the expansion. At the end of the 2009-11 biennium, it is projected that 57 counties will have implemented a full Family Care program with both an ADRC and an MCO, accounting for 79% of the state's population. There will still be 15 counties that have not yet implemented an MCO and 13 counties that have not yet implemented an ADRC. In addition, for counties that began or will begin implementation of Family Care in the 2009-11 biennium, there is a need to adjust funding to reflect growing populations, to fully annualize the costs of operating for a full year, and to reflect the statutory phase down of the county contribution.

**MCO Costs for Counties that Implemented by June 30, 2011.** The impact of further transitioning to entitlement under Family Care on Medicaid benefit costs for the 57 counties that will have begun an MCO by the end of FY11 are included in DIN 5400, the Medicaid Base Re-estimate. Since these counties have already begun Family Care, it is most appropriate to treat the costs of these MCOs along with the continuing costs of other existing programs under Medicaid. Of the 57 counties, only Langlade (starts 1/1/2011) and Lincoln (starts 4/1/2011) have not already implemented an MCO.

**MCO Costs for Counties that Will Implement an MCO in the 2011-13 Biennium.** The Department requests a decrease in funding to reflect savings associated with MCO implementation in the 15 remaining counties in the 2011-13 biennium. It is projected that Medicaid GPR benefit costs will decrease by (\$6,367,100) in FY12 and by (\$15,761,900) in FY13. In the initial years of MCO expansion, there is typically a savings since during the initial years most of the enrollment in the MCO comes from enrollment of current home and community-based waiver recipients, who have been supported by existing funding, which under the Family Care program care management structure will be used more efficiently.

The 15 counties that would implement Family Care in 2011-13 are: Adams, Brown, Dane, Door, Florence, Forest, Kewaunee, Marinette, Menominee, Oconto, Oneida, Rock, Shawano, Taylor, and Vilas.

**ADRC Costs of Both Existing and New ADRCs.** The Department requests funding to fully fund ADRCs that implemented in the 2009-11 biennium and new ADRCs and Tribal Aging and Disability Resource Specialists that will implement in the 2011-13 biennium. A total of 13 counties will implement ADRCs in FY12. Additional funding of \$1,471,800 GPR and \$1,879,600 FED is needed in the 2011-13 biennium ((\$2,815,400) GPR in FY12 and \$4,287,200 GPR in FY13).

**APS Costs.** As counties transition to Family Care, they will continue to serve the general public through the adult protective services system (APS). To ensure adequate support for these services, the Department currently provides each Family Care expansion county with an annual APS allocation equal to 2% of its Community Aids Basic County Allocation. Counties are eligible for this allocation once they start enrolling participants for services under Family Care. The Department requests \$268,700 GPR in FY12 and \$1,182,800 GPR in FY13 for the 15 new counties that will implement a MCO in 2011-13 and to fully annualize the APS costs for counties that implemented an MCO after July 1, 2010.

**Disability Ombudsmen Costs.** State statutes (s. 46.281) require the Department to contract for advocacy services for Family Care consumers with disabilities, with the goal of providing 1 advocate for every 2,500 enrollees. The Department requests funding to reach a ratio of 1:3500 under projected enrollment expansion in the coming biennium. The request equals \$54,400 AF (\$27,200 GPR and \$27,200 FED) in FY12 and \$125,000 AF (\$62,500 GPR and \$62,500 FED) in FY13.

### **Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	(\$8,886,600)		(\$10,229,400)		(\$19,116,000)	
PR	\$3,735,700		\$27,719,600		\$31,455,300	
PRF	(\$145,600)		\$11,356,100		\$11,210,500	
SEG						
Total	(\$5,296,500)		\$28,846,300		\$23,549,800	

### **Wisconsin Institute for Healthy Aging (DIN 5750)**

The Wisconsin Institute for Healthy Aging (WIHA) is a non profit organization whose mission is to promote evidence-based prevention initiatives to keep senior citizens stronger, healthier, and empowered to shape their own futures. Its mission is especially important given that over 50,000 people turn 65 each year in Wisconsin. In addition, Wisconsin is above the national average in visits to emergency rooms and in deaths due to falls among the elderly. The Institute was established in partnership with the Department, the University of Wisconsin-Madison School of Medicine and Public Health, and several provider and advocacy groups for the elderly. The Department requests statutory language to authorize DHS and the UW to contract with WIHA for administration of evidence-based prevention programs, to contract and partner on grants and research efforts, and to recognize WIHA as the licensee agency for Stepping on Wisconsin and Stepping on North America and Sure Step falls prevention programs. The

Institute would also serve as the coordinating organization for the Wisconsin Chronic Disease Self-Management Program and as a clearinghouse for evidence based health promotion information for healthy aging.

#### **Nursing Home Rate Statute Technical Change (DIN 5751)**

State statutes under s. 46.45(6m) require the Department to use federal “Resource Utilization Groupings” (RUG) when setting Medicaid rates for nursing homes. The Department requests a statutory change to allow the Department to use the most current RUGs methodology established by the federal government. The statutes currently reference RUGs III, which is being replaced with an updated methodology, RUGs IV, which the federal government will put in place in the 2011-13 biennium.

#### **Repeal of Adult Family Home Certification Language (DIN 5752)**

The Department requests the repeal of statutory language enacted in the 2009-11 Biennial Budget that assigned to the Department the certification process for one to bed adult family homes. The current language requires the Department to conduct an initial certification of homes that care for residents served by Family Care and county programs. The Department has concluded that both the initial certification and ongoing quality assurance functions are more appropriately and effectively undertaken by Family Care managed care organizations (MCO) and counties. These entities currently perform such functions under contract with the Department, based on certification standards established for federal Medicaid home and community-based waivers. They have the skills and knowledge to perform the functions more effectively than the state.

### **Third Party Claims Administrator (DIN 5753)**

The Department requests the creation of an appropriation with expenditure authority of \$11,237,000 PR in FY12 and \$12,773,300 PR in FY13 to allow the Department to accept payments from counties for the Children's Long Term Support and Birth to 3 Medicaid waiver programs in order to pay a third party claims administrator. The third party administrator is a federal Medicaid waiver requirement; it will provide an integrated enrollment and benefits system and will perform administrative tasks previously performed by the counties. Counties will provide the funds required for the non-federal share of benefits costs for locally supported Children's Long Term Support program slots and for third party administrator administrative costs associated with Children's Long Term Support slots created after January 1, 2011. Counties will also provide the funds required for the non-federal share of benefits costs and for third party administrator administrative costs for all Birth to 3 waiver participants. The Department requests a continuing appropriation in order to accommodate receivables at the end of the state fiscal year and to allow the Department to adjust the appropriation to the actual revenues received from counties.

#### **Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
PR	\$11,237,000		\$12,773,300		\$24,010,300	
PRF						
SEG						
Total	\$11,237,000		\$12,773,300		\$24,010,300	

**Administrative Transfers  
(DIN 5801)**

The Department requests \$500 FED and (\$555,300) PR and 8.22 GPR FTE, 0.18 FED FTE, and (8.40) PR FTE in both FY12 and FY13, for an overall zero increase in FTE. This request converts 8.22 of existing non-GPR base position authority to 8.22 GPR FTE. These GPR increases are the result of a departmentwide reallocation of vacant positions to high priority projects. The additional GPR positions will be funded by permanently transferring base funding from supplies and services and aids to individuals lines to the salary and fringe lines.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR		8.22		8.22		8.22
PR	(\$555,300)	(8.40)	(\$555,300)	(8.40)	(\$1,110,600)	(8.40)
PRF	\$500	0.18	\$500	0.18	\$1,000	0.18
SEG						
Total	(\$554,800)	-	(\$554,800)	-	(\$1,109,600)	-

**Transfer of CARES IT Security Positions  
(DIN 5802)**

The Department requests 3.0 PR FTE and \$275,900 PR in both FY12 and FY13 to reflect the transfer of positions from the Department of Children and Families (DCF). There would be no net increase in position authority as DCF's position authority will decrease by a corresponding amount. This request would transfer the security activities for the CARES eligibility system from DCF to DHS. CARES Security requires information technology security knowledge plus knowledge of the CARES system and program security requirements. DCF is only able to perform DCF-specific CARES security transactions. Splitting these security functions between agencies could result in lost efficiencies, and for that reason, transitioning all CARES security functions to DHS would provide a simpler operational model.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
PR	\$275,900	3.00	\$275,900	3.00	\$551,800	3.00
PRF						
SEG						
Total	\$275,900	3.00	\$275,900	3.00	\$551,800	3.00



**Transfer of OSER Position  
(DIN 5803)**

The Department requests 1.0 FED FTE and \$159,800 FED in both FY12 and FY13 to reflect the transfer of an attorney position from the Office of State Employment Relations (OSER) in the Department of Administration (DOA) to make permanent an existing interchange agreement. There would be no net increase in position authority as DOA's position authority would decrease by a corresponding amount.

**Fiscal Effect Summary**

Source of Funds	FY 2012		FY 2013		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
PR						
PRF	\$159,800	1.00	\$159,800	1.00	\$319,600	1.00
SEG						
Total	\$159,800	1.00	\$159,800	1.00	\$319,600	1.00

**Department of Health Services  
Functions**

March 2010

